


2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

05 JUN 23 AM 9:21


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000154217 1. Entity Name FINE QUALITY FLOORING, INC.	
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Principal Place of Business 5800 GASPARILLA BLVD BLDG G BOCA GRANDE, FL 33921	Mailing Address 5800 GASPARILLA BLVD BLDG G BOCA GRANDE, FL 33921
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2. Principal Place of Business 5800 GASPARILLA ROAD Suite, Apt. #, etc. BLDG G	3. Mailing Address 5800 GASPARILLA ROAD Suite, Apt. #, etc. BLDG G
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City & State BOCA GRANDE, FLORIDA	City & State BOCA GRANDE, FLORIDA		
Zip 33921	Country UNITED STATES	Zip 33921	Country UNITED STATES

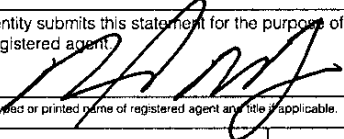


06152005 REIN-P CR2E098 (6/04)

04-05

6. Name and Address of Current Registered Agent WRIGHT, CHRISTINE F ESQ 4427 SE 16TH PLACE #2 CAPE CORAL, FL 33904	7. Name and Address of New Registered Agent Name DAVID BENNER Street Address (P.O. Box Number is Not Acceptable) 5800 GASPARILLA ROAD BLDG G City BOCA GRANDE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

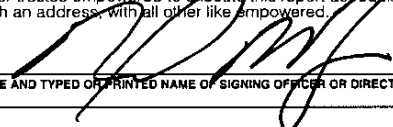
SIGNATURE:  DATE: **6/18/05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME BENNER, DAVID STREET ADDRESS 1160 9TH AVE N CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE PD NAME BENNER, DAVID STREET ADDRESS 5800 GASPARILLA ROAD, BLDG G CITY-ST-ZIP BOCA GRANDE, FL 33921	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **6/18/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR