


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000155407

1. Entity Name
FABIAN'S FLOORING CORPORATION



Principal Place of Business
**5005 NW 188 STREET
MIAMI, FL 33055**

Mailing Address
**5005 NW 188 STREET
MIAMI, FL 33055**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country


3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
05 DEC -9
SECURITY STATE
TALLAHASSEE, FLORIDA
DEC 12 2005

10122005 REIN-P CR2E098 (6/04)

4. FEI Number
20-0516233

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**MORA, FABIAN
5005 NW 188 STREET
MIAMI, FL 33055**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 in familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORA, FABIAN		NAME	
STREET ADDRESS 5005 NW 188 STREET		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33055		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORA, FABIAN		NAME	
STREET ADDRESS 5005 NW 188 STREET		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33055		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORA, FABIAN		NAME	
STREET ADDRESS 5005 NW 188 STREET		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33055		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *FABIAN* 10/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #