2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000156216

1139 SHEELER ROAD

APOPKA, FL 32703

Address:

City-St-Zip:

FILED Oct 09, 2009 Secretary of State

Entity Nan	ne: EDWA	RD M. CLARKE FLOORING, II	NC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1139 SHEE APOPKA, F	ELER ROAD FL 32703)				
Current Mailing Address:			New Maili	New Mailing Address:		
1139 SHEE APOPKA, F	ELER ROAD FL 32703)				
FEI Number:	20-0438549	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
CLARKE, E 1139 SHEE APOPKA, F	ELER ROAD	US				
The above in the State		y submits this statement for the	e purpose of changing i	ts registered office or registered agent, or both,		
SIGNATUR		RD M. CLARKE				
	Electr	onic Signature of Registered A	gent	Date		
		193(2)(b), F.S., the corporation did ing Trust Fund Contribution ().	not receive the prior notic	е.		
OFFICERS	AND DIRE	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES CLARKE, EE 1139 SHEEL APOPKA, FL	ER ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP CLARKE, EE 1139 SHEEL APOPKA, FL	ER ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	TREA CARPENTEF 1139 SHEEL APOPKA, FL	ER ROAD	Title: Name: Address: City-St-Zip:	TREA (X) Change () Addition CONOLLEY, HEATHER 1139 SHEELER ROAD APOPKA, FL 32703		
Title: Name:		() Delete GULLERMO R	Title: Name:	SEC (X) Change () Addition CLARKE, EDWARD		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1139 SHEELER ROAD

APOPKA, FL 32703

SIGNATURE: EDWARD M. CLARKE PRES 10/09/2009