

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000156388 1. Entity Name JIM MCILROY FLOOR COVERING INC.						FILED 05 OCT 21 AM 11:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1316 ILLINOIS AVE ST. CLOUD, FL 34769				Mailing Address 1316 ILLINOIS AVE ST. CLOUD, FL 34769			
2. Principal Place of Business 9110 E IRLO BRONSON Suite, Apt. #, etc.		3. Mailing Address 9110 E IRLO BRONSON HWY Suite, Apt. #, etc.					
City & State ST CLOUD FL		City & State ST CLOUD FL		4. FEI Number 59-2467866		Applied For <input type="checkbox"/> Not Applicable	
Zip 34773		Country U.S.A.		Zip 34773		Country U.S.A.	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				10172005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent MCILROY, JIM 6142 PACKWAY E SAINT CLOUD, FL 34771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MCILROY, JIM				NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 1316 ILLINOIS AVE.				STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP ST. CLOUD, FL 34769				CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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CITY-ST-ZIP <input type="checkbox"/> Delete				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: <u>James M. McIlroy</u> <u>Oct 18 2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							