

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

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<b>DOCUMENT # P03000157222</b> 1. Entity Name <b>MR FLOORING INC</b>					
Principal Place of Business <b>6747 OLD RANCH RD SARASOTA, FL 34241</b>			Mailing Address <b>6747 OLD RANCH RD SARASOTA, FL 34241</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip 			
4. FEI Number <b>20-0515071</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>ORZE, MATTHEW D 6747 OLD RANCH RD SARASOTA, FL 34241</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b> 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: <u><i>Raquel R. Emmons</i></u> <span style="float: right;">3-20-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ORZE, MATTHEW D 6747 OLD RANCH RD SARASOTA, FL 34241	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100096008581</b> <b>04/05/07--01047--019 **300.00</b>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>Raquel R. Emmons</i></u> <span style="float: right;">3-20-07 (941) 925-4709</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

07 APR -3 AM 9:03  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 06-07



PH: 941-927-0044  
FAX: 941-927-0048

February 13, 2007

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: MR Flooring, Inc. UBR

Dear Sir or Madam:

This letter is to advise you that my client never received notification of renewal request.

Enclosed please find the 2006 updated Annual Report and payment of \$150.00 for the UBR fee.

We respectfully request to be re-instated without any penalty charges because my client never received notification from the Division of Corps.

We sincerely appreciate your understanding in the above circumstance.

Sincerely,

Michele Johnson