PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

,	T CLASE NEAD	ALL INS	NOCI	IONS BLI ORE	COMPLET	ING THIS FO	JRIVI.		
	RPORATION ISTATEMENT	;	Secretar	TMENT OF STATE y of State ORPORATIONS		FILI 10 MAR 30	AM 9: 2	-	
DOCUMENT # P03000157307 1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
FRANCO'S FLOORING, INC.									
Principal Office Address - No P.O Box # 3. Mailing Office Address						200173688022 03/30/1001028010 **450.00			
-			KE GEORGE ROAD		—		1_/1 1/00)		
Suite, Apt. #, etc. Suite. Apt. #,			etc.		4. Date Incore	STATEM porated or Qualified		08-10	
City & State City & State					_ To Do Bus	iness in Florida 12/	26/2003		
SEVILLE, FL SEV			ILLE, FL		5. FEI Numbe 20-05169			Applied For Not Applicable	
Zip Country		Zip		Country	6.		\$8.75 Ad	ditional Fee required	
32190	USA	32190		USA	CERTIFICATI	E OF STATUS DESIRED		ertificate of Status	
Name	7. Name and Address of	tered Agen	t						
FRANCISCO CARBAJAL					The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you				
Street Address (P.O. Box Number is Not Acceptable)									
151 LAKE GEORGE ROAD Suite, Apt. #, Etc.					are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
City SEVILLE				State Zip Code FL 32190					
8. I, being	appointed the registered agent of the abo	ve named corpo	oration, am fa	amiliar with and accept the	obligations of secti	on 607.0505 or 617.05	503, F S.		
Signature of Registered Agent AV61 GAV61 SIGN REGISTERED AGENT MUST SIGN Date 03/26/2010									
9. Names	and Street Addresses of Each Officer and	d/or Director (Flo	rda nonpro	fit corporations must list at l	east 3 directors)				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
PTS	Francisco Carbajal		151 Lake George Rd			Seville, FL 32190			
AS	Maria G. Carbajal		151 Lake George Rd			Seville, FL 32190			
V	Carlos E. Carbajal		151 Lake George Rd			Seville, FL 32190			
	12/2								
	73/3/								
	/								
^{10.} E-ma	il Address: valderramabusiness	@yahoo.com							

11, I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617 0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

(To be used for future annual report notification)

ANTSO CAPPATAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:_

Daytime Phone #