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2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000004773

1. Entity Name
CM FLOORING, INC.

FILED
05 OCT 13 AM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10072005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
6243 CRICKETHOLLOW DR. RIVERVIEW, FL 33569	6243 CRICKETHOLLOW DR. RIVERVIEW, FL 33569

2. Principal Place of Business	3. Mailing Address
Same as above	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 432039290 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHAVEZ, DANIEL 6243 CRICKETHOLLOW DR. RIVERVIEW, FL 33569	Name N/A 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE + [signature] 10-10-05
Signature, typed or printed name of registered agent and title if applicable (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHAVEZ, DANIEL 6243 CRICKETHOLLOW DR. RIVERVIEW, FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA MEDEROS, KATIANA 6243 CRICKETHOLLOW DR. RIVERVIEW, FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100060582171 10/13/05--01054--014 **158.75
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: + [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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To whom it may concern:

I received a Notice of Dissolution or Revocation from you stating I did not file my 2005 report. I did not receive any notice before this one. Today, October 10th I called your office and asked how does this works. The agent said that you mail the requestes every December and then January to file before May, but again, I did not receive any prior notice. Enclosed is the report completed and a fee for $158.75 to file reinstatement. This was my first time applying for corporation and did not know about this corporation report to be filed until now.

Thanks for your time and have a nice day.

Daniel Chavez