


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000006054		
1. Entity Name CENTRAL FLORIDA PROFESSIONAL FLOORING, INC.		

Principal Place of Business 1443 MARIGOLD DR. LAKELAND, FL 33811 US	Mailing Address P. O. BOX 93655 LAKELAND, FL 33804 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
KEITH, WILLIAM C 1517 COMMERCIAL PARK DR. LAKELAND, FL 33801	

01092006	REIN-P	CR2E098 (11/05)
4. FFI Number 200579361		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name <u>Raymond Rivera</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1443 Marigold Dr.</u>	
City <u>Lakeland</u>	FL Zip Code <u>33811</u>

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>Raymond Rivera</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>1-9-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, RAYMONE 1443 MARIGOLD DR. LAKELAND, FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400064411134 01/24/06--01051--024 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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>Raymond Rivera</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1-9-06</u> Daytime Phone # <u>863-401-5256</u>

FILED  
06 JAN 17 PM 2:34  
FLORIDA TAX & STATE  
TALLAHASSEE, FLORIDA

