## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000007390

Entity Name: DUTRA FLOOR COVERING, INC.

FILED Oct 13, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
9818 BERNWOOD PLACE DR	

9818 BERNWOOD PLACE DR #105 FORT MYERS, FL 33912

Current Mailing Address: New Mailing Address:

9818 BERNWOOD PLACE DR #105 FORT MYERS, FL 33912

FEI Number: 20-0599368 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
11601 S CLEVELAND AVENUE
SUITE 6
FORT MYERS, FL 33907 US

TAX HOUSE CORPORATION
1261 E SAMPLE ROAD
POMPANO BEACH, FL 33064 US

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.

SIGNATURE: TAX HOUSE CORPORATION 10/13/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DUTRA, ADAO
 Name:

 Address:
 9818 BERNWOOD PLACE DR #105
 Address:

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:

Title: VD () Delete Title: D (X) Change () Addition

 Name:
 DUTRA, JASON
 Name:
 PEREZ, FELIX S

 Address:
 9818 BERNWOOD PLACE DR #105
 Address:
 765 MARSH AVENUE

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAO DUTRA P 10/13/2005