

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000007390

Entity Name: DUTRA FLOOR COVERING, INC.

FILED
Sep 25, 2006
Secretary of State

Current Principal Place of Business:

9818 BERNWOOD PLACE DR
#105
FORT MYERS, FL 33912

Current Mailing Address:

9818 BERNWOOD PLACE DR
#105
FORT MYERS, FL 33912

New Principal Place of Business:

9822 BERNWOOD PLACE DR
#202
FORT MYERS, FL 33912

New Mailing Address:

9822 BERNWOOD PLACE DR
#202
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:

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

Name and Address of New Registered Agent:

DUTRA, ADAO
9822 BERNWOOD PLACE DR
#202
FORT MYERS, FL 33912 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: ADAO DUTRA

09/25/2006

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:

Title: PD () Delete
Name: DUTRA, ADAO
Address: 9818 BERNWOOD PLACE DR #105
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Delete
Name: PEREZ, FELIX S
Address: 765 MARSH AVENUE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUTRA, ADAO
Address: 9822 BERNWOOD PLACE DR #202
City-St-Zip: FORT MYERS, FL 33912 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

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09/25/2006

Electronic Signature of Signing Officer or Director

Date