

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000008100

1. Entity Name  
PRESTIGE INTERIORS & FLOORING, INC.



FILED

06 JUL 31 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1 PAULINE PLACE  
PALM COAST, FL 32164

Mailing Address  
P.O. BOX 351262  
PALM COAST, FL 32135

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country Zip Country



07192006 REIN-P: CR2E098 (11/05) 05-06

4. FEI Number  
06-1721973

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CARNEVALE, KEITH  
1 PAULINE PLACE  
PALM COAST, FL 32164

## 7. Name and Address of New Registered Agent

Name  
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 *Keith A. Carnevale*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

26 July '06  
DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME CARNEVALE, KEITH  
STREET ADDRESS 1 PAULINE PLACE  
CITY-ST-ZIP PALM COAST, FL 32164 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP *8/30/2* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
800078485108  
08/08/06--01064--015 \*\*308.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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: *Keith A. Carnevale* Carnevale, Keith A. 26 July '06 386-569-1541  
Signature and typed or printed name of signing officer or director Date Daytime Phone #