


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000011836		
1. Entity Name CESVI FLOORING, INC		

Principal Place of Business 6222 MIMOSA DR. ORLANDO, FL 32807	Mailing Address 6222 MIMOSA DR. ORLANDO, FL 32807
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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	
CESPEDES, AUGUSTO 6222 MIMOSA DR. ORLANDO, FL 32807	

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 _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	CESPEDES, AUGUSTO	NAME	
STREET ADDRESS	6222 MIMOSA DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	POMALES, ARIADNA	NAME	
STREET ADDRESS	6222 MIMOSA DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Daytime Phone # _____</small>

FILED

2005 OCT 10 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10032005 REIN-P CR2E098 (6/04)

4. FEI Number	65-1213315	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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12/12/05