

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000012371 1. Entity Name EUROFLOORS DESIGN, INC.						FILED 06 MAR -8 AM 11:32 CLERK OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 3901 PARKSIDE LN HOLLYWOOD, FL 33021				Mailing Address 3901 PARKSIDE LN HOLLYWOOD, FL 33021							
2. Principal Place of Business		3. Mailing Address		 01242006 REIN-P 03/16/06--01003--022 **900.00							
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State									
Zip		Country									
4. FEI Number 20-0787942				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
BALEANU, DORU 3901 PARKSIDE LN HOLLYWOOD, FL 33021				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>							
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. (NOTE: Registered Agent signature required when reinstating)</small>											
FILE NOW!!! FEE IS \$900.00											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BALEANU, DORU 3901 PARKSIDE LN HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; font-family: cursive;"> 900067940459 03/16/06--01003--022 **900.00 </div>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POPESCU, NICOLETA 3901 PARKSIDE LN HOLLYWOOD, FL 33021 <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						
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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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: <i>Bolan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				01/24/06 <small>Date</small>				954-818-2676 <small>Daytime Phone #</small>			