


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000013312		
1. Entity Name SCHEIB FLOORING INC.		

Principal Place of Business 1190 PRESTON LANE PORT ST LUCIE, FL 34983	Mailing Address 1190 PRESTON LANE PORT ST LUCIE, FL 34983
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2. Principal Place of Business 535 SE Cliff Rd	3. Mailing Address 535 SE Cliff Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port St Lucie FL	City & State Port St Lucie FL
Zip 34984	Country U.S.

6. Name and Address of Current Registered Agent SCHEIB, MARC 1190 PRESTON LANE PORT ST LUCIE, FL 34983		7. Name and Address of New Registered Agent Name Scheib, marc Street Address (P.O. Box Number is Not Acceptable) 535 SE Cliff Rd. City Port St Lucie FL Zip Code 34984	
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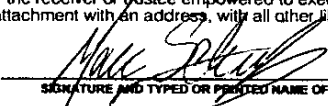
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHEIB, MARC 1190 PRESTON LANE PORT ST LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD marc, scheib 535 SE Cliff Rd Port St Lucie FL 34984 <input checked="" 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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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

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:  **7/7/06** **772 240-0941**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

FILED
06 JUL 10 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 05-06

06202006 REIN-P CR2E098 (11/05)