

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000017862

FILED
Oct 18, 2005
Secretary of State

Entity Name: THE FLOORING CONCEPTS GROUP INC.

Current Principal Place of Business:

12944 MEADOWBREEZE DR
WELLINGTON, FL 33414 US

New Principal Place of Business:

6291 WINDLASS CIRCLE
BOYNTON BEACH, FL 33437 US

Current Mailing Address:

12944 MEADOWBREEZE DR
WELLINGTON, FL 33414 US

New Mailing Address:

6291 WINDLASS CIRCLE
BOYNTON BEACH, FL 33437 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POLIANDRO, JENINE
12944 MEADOWBREEZE DR
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

POLIANDRO, JENINE
6291 WINDLASS CIRCLE
BOYNTON BEACH, FL 33437 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: JENINE POLIANDRO

10/18/2005

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: P,TR () Delete
Name: POLIANDRO, DOMINICK
Address: 12944 MEADOWBREEZE DR
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP () Delete
Name: LELI, BRIAN
Address: 200 FOREST HILL BLVD
City-St-Zip: WELLINGTON, FL 33414 US

Title: SEC () Delete
Name: SORIERO, MICHAEL
Address: 1988 S. CLUB DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,TR (X) Change () Addition
Name: POLIANDRO, DOMINICK
Address: 6291 WINDLASS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US

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

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 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 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: DOMINICK POLIANDRO

P

10/18/2005

Electronic Signature of Signing Officer or Director

Date