


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000021137	
1. Entity Name FLOOR SERVICE INTERNATIONAL INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY -5 AM 8:55

Principal Place of Business 1473 OAKMONT LN. PORT SAINT LUCIE, FL 34953	Mailing Address 2004 CLEMENS DR ALGONQUIN, IL 60102
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2. Principal Place of Business - No P.O. Box # 1631 SOUTHEAST KESTWICK CT. PORT SAINT LUCIE, FL. 34953	3. Mailing Address 1631 SOUTHEAST KESTWICK ST KSE. PORT SAINT LUCIE, FL. 34953
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05042009 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent STANKO, MICHAEL J 1473 OAKMONT LN. PORT SAINT LUCIE, FL 34953	7. Name and Address of New Registered Agent Name: STANKO, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 1631 SOUTHEAST KESTWICK ST City: PORT SAINT LUCIE FL Zip Code: 34953
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4. FEI Number 20-0678530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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: MICHAEL J. STANKO (NOTE: Registered Agent signature required when reinstating) DATE: 5-6-09

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	P STANKO, MICHAEL J 1473 OAKMONT LN. PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANKO, MICHAEL J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1631 SOUTHEAST KESTWICK ST PORT SAINT LUCIE, FL 34953
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	500155738975 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/11/09--01004--004 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	08-05 B S/11/09 <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	REINSTATEMENT <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

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: MICHAEL J. STANKO (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 5-6-09 DAYTIME PHONE #: 1-722-409-1057