

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P04000030882

1. Entity Name
M&V FLOORING SERVICE, INC.



FILED

06 APR 20 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

Principal Place of Business
824 PROVIDENCE TRACE CIRCLE
BRANDON, FL 33511

Mailing Address
824 PROVIDENCE TRACE CIRCLE
BRANDON, FL 33511

2. Principal Place of Business
7810 RIVERWOOD OAKS DR.

3. Mailing Address
7810 RIVERWOOD OAKS DR.

03252006 REIN-P CR2E098 (11/05)

4. FEI Number 20-0735132

Applied For
Not Applicable

City & State
RIVERVIEW, FL

City & State
RIVERVIEW, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip 33569

Country US

Zip 33569

Country US

6. Name and Address of Current Registered Agent

DE SOUSA, MARCOS A
824 PROVIDENCE TRACE CIRCLE
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7810 RIVERWOOD OAKS DR.
City RIVERVIEW FL Zip Code 33569

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 *Marcos Antonio de Sousa*
Signature, typed or printed name of registered agent and title if applicable.

04/15/06

(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.

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DE SOUSA, MARCOS A 824 PROVIDENCE TRACE CIRCLE BRANDON, FL 33511 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7810 RIVERWOOD OAKS DR. RIVERVIEW, FL 33569 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100074055991 05/05/06--01019--020 **300.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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: *Marcos Antonio de Sousa* 04/15/06 (813) 9676295
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone