

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000031075

1. Entity Name
GUS FLOORING, INC.



FILED

05 DEC 20 PH 4: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
935 PALMETTO RD.
TITUSVILLE, FL 32780

Mailing Address
935 PALMETTO RD
TITUSVILLE, FL 32780

2. Principal Place of Business
935 Palermo Rd
Suite, Apt. #, etc.

3. Mailing Address
935 Palermo Rd
Suite, Apt. #, etc.

11122005 REIN-P CR2E098 (6/04)

City & State
Titusville, FL
Zip 32780 Country Brevard

City & State
Titusville FL
Zip 32780 Country Brevard

4. FEI Number
010819602
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODROGUEZ, GUSTAVO
935 PALMETTO RD
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name
Rodriguez Gustavo
Street Address (P.O. Box Number is Not Acceptable)
935 Palermo Rd.
City Titusville FL Zip Code 32780

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 Rodriguez Gustavo
Signature, typed or printed name of registered agent and title if applicable

Gustaf Trol
(NOTE: Registered Agent signature required when reinstating)

12/12/05
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$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 P
NAME RODRIGUEZ, GUSTAVO ☒ Delete
STREET ADDRESS 935 PALMETTO RD
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Rodriguez Gustavo ☒ Change ☐ Addition
STREET ADDRESS 935 Palermo Rd.
CITY-ST-ZIP Titusville, FL 32780

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Gustaf Trol
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/05 (321) 863-3878
Date Daytime Phone #