PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 FEB 28 PM 1: 14
DOCUMENT # P04000031098		ALLAMAN VE, FLORIDA
ULTRA FLOORING INC.		800091015958 03/06/0701026025 **150.00
2. Principal Office Address - No P.O. Box # 207 CURTIS AYE.	3. Mailing Office Address 201 CURTIS AVF.	REINSTATEMENT 06-07
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State GROVELAND FL.	GROVELAND FL.	5. FEI Number Applied For Not Applicable
74736 Country	Zip Country 34736	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name RAIEN DRA PABARROO Street Address (P.O. Box Number is Not Acceptable) 207 CURTIS ANE: Suite, Apt. #, Etc. City GRONELAND State Zip Code FL 3473 6		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Date 2.20707 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each		
Officers and/or Directors	Officer and/or Directo	r City / State / Zip
RAJENDRA PA	ABARROO 207 CURTIS A	AUE. GROVELAND FL 3473 6
731		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Phone #		

DEAR SIR MADAM