PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # PO4 0000 35 74 2 1. Corporation Name J. M. Custom, Flooring, Inc.		FILED 09 FEB - 4 PM 1:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address - No P.O. Box # 5025 Riv Rayane Rd. Suite, Apt. #, etc. 3. Malling Office Address 5725 Riv Royalle Rd. Suite, Apt. #, etc.		70014288837 02/05/0901009001 ++450,00 CR2E081 (12/08)	
City & State City & State		To Do Business in Florida 2 2004	
St. Augustine, The St. Augustine, Fr.		8. FEI Number Applied For Not Applicable	
32080 St. June 3208	o St. Dlung	CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent		/	
Name Jamus Manatt Street Address (P.O. Box Number is Not Acceptable)		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.	
Suite, Apl. #, Elc.			
Suite, Apr. #, Etc			
State Zip Code FL 32080			
S. 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 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 Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip
D Cynthia Melda as	5925 Die Royalle	,	St. Aug. Rt 32080
P James markatt	5925 lie Royalle 5925 lu Royalle		St-Aug. Fr 37080
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DEINIGHA		02/05	/0901009001 **450.00
REINSTATEMENT			
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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		Date Daytima Phone #