

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000041131

Entity Name: MAFRA FLOORING INC

FILED  
Sep 19, 2005  
Secretary of State

**Current Principal Place of Business:**

5353 HAWKS LANDING DR.  
UNIT 206  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

5353 HAWKS LANDING DR.  
UNIT 206  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 20-0814556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAFRA, DEIVI  
7630 OMINILANE  
108  
FORT MYERS, FL 34982 US

**Name and Address of New Registered Agent:**

MAFRA, DEIVI  
5353 HAWKS LANDING DR.  
UNIT 206  
FORT MYERS, FL 33907 US

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.

SIGNATURE: DEIVI MAFRA

09/19/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAFRA, DEIVI  
Address: 7630 OMINI LANE #108  
City-St-Zip: FORT MYERS, FL 34982

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MAFRA, DEIVI  
Address: 5353 HAWKS LANDING DR.  
City-St-Zip: FORT MYERS, FL 33907

Title: VP ( ) Change (X) Addition  
Name: MAFRA, ANELISE  
Address: 5353 HAWKS LANDING DR.  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEIVI MAFRA

P

09/19/2005

Electronic Signature of Signing Officer or Director

Date