

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000041782

FILED
Apr 10, 2006
Secretary of State

Entity Name: TOM BENEDETTI WALL COVERINGS, INC.

Current Principal Place of Business:

6720 ARBOR DR #211
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

6720 ARBOR DR #211
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 20-0837668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENEDETTI, THOMAS
6720 ARBOR DR #211
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

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: THOMAS BENEDETTT

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: PD () Delete
Name: BENEDETTI, THOMAS
Address: 6720 ARBOR DR #211
City-St-Zip: MIRAMAR, FL 33023

Title: T () Delete
Name: MEYER, BROOKE
Address: 11266 NW 14TH CT
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: THOMAS BENEDETTI

PD

04/10/2006

Electronic Signature of Signing Officer or Director

Date