

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 21 PM 12:21

REINSTATEMENT 05



11142005 REIN-P CR2E098 (6/04)

4. FEI Number Applied For
Not Applicable

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

DOCUMENT # P04000051568

1. Entity Name
IMPERIAL HARDWOOD FLOORING, INC.



Principal Place of Business Mailing Address
10802 W. HILLSBOROUGH AVE. 10802 W. HILLSBOROUGH AVE.
1204 1204
TAMPA, FL 33615 TAMPA, FL 33615

2. Principal Place of Business 3. Mailing Address
6202 Sheldon Road 6202 Sheldon Road
Suite, Apt. #, etc. Suite, Apt. #, etc.
1007 1007

City & State Tampa FL City & State Tampa FL
Zip 33615 Country USA Zip 33615 Country USA

6. Name and Address of Current Registered Agent

CARMO, CARLOS G
10802 W. HILLSBOROUGH AVE.
1204
TAMPA, FL 33615

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6202 Sheldon Road
City Tampa FL Zip Code 33615

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 *Carlos Carmo*

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

(NOTE: Registered Agent signature required when reinstating)

11-17-04

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 CARMO, CARLOS G
STREET ADDRESS 10802 W. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6202 Sheldon Road #1007
CITY-ST-ZIP Tampa FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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 information empowered.

SIGNATURE: *Carlos Carmo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-04 (813) 965-6492

Date

Daytime Phone #