

2006 FOR PROFIT CORPORATION REINSTATEMENT

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|--|---|--|---|--|--|
| DOCUMENT # P04000056993 1. Entity Name FLORES CARPET INSTALLER, INC. | | | | <div style="text-align: right; margin-top: 10px;"> FILED 06 OCT 31 PM 3:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> | |
| Principal Place of Business 1108 NW 22ND PLACE CAPE CORAL, FL 33993 | | Mailing Address 1108 NW 22ND PLACE CAPE CORAL, FL 33993 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 56-2461511 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MACIEL, LUZ M 25641 SPRINGTIDE CT BONITA SPRINGS, FL 34135 | | | Name Maria A Arios Street Address (P.O. Box Number is Not Acceptable) 1108 NW 22 Pl City Cape coral FL Zip Code 33993 | | |
| 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 <u>Maria A Arios</u> DATE <u>10/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FLORES, MIGUEL A <input type="checkbox"/> Delete 1300 NW 10 ST CAPE CORAL, FL 33993 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Flores Miguel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1108 NW 22 Pl cape coral #1 - 33993 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST ARIAS, MARIA A <input type="checkbox"/> Delete 1300 NW 10 STREET CAPE CORAL, FL 33993 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | st maria a arios <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1108 NW 22 Pl cape coral #1 33993 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500081352175 10/31/06--01015--002 **150.00 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered. | | | | | |
| SIGNATURE: <u>Miguel A Flores</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>10/27/06</u> Daytime Phone # | | |