2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY 23 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07

DOCUMENT # P04000060502

1. Entity Name
ECLECTIC FLOORS, INC.

Principal Place of Business	Mailing Address
120 SR 13 FRUIT COVE, FL 32259	120 SR 13 FRUIT COVE, FL 32259

04302007 REIN-P CR2E096 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-1014335 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIDOFF, JODY M 984 N LILAC LOOP JACKSONVILLE, FL 32259	Name: Davidoff, Jody M Street Address (P.O. Box Number is Not Acceptable): 406 Wyndfield Ct City: Jacksonville FL Zip Code: 32259

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: Jody Davidoff - Jody Davidoff 4.30.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE is $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	PTD DAVIDOFF, JODY M 984 N LILAC LOOP JACKSONVILLE, FL 32259	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DAVIDOFFF, RYAN 984 N LILAC LOOP JACKSONVILLE, FL 32259	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEBB, CURTIS 2384 MORMEN RD JACKSONVILLE, FL 32259	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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05/15/07--01030--013 **300.00

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: Jody Davidoff 4.30.07 904.230.6180
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR Date Daytime Phone #