

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000062289

FILED
Dec 09, 2008
Secretary of State

Entity Name: ALTUS FLOOR COVERING, INC.

Current Principal Place of Business:

1911 SW 12TH LN
CAPE CORAL, FL 33991 US

New Principal Place of Business:

433 SW 21ST TER
CAPE CORAL, FL 339914328 US

Current Mailing Address:

1911 SW 12TH LN
CAPE CORAL, FL 33991

New Mailing Address:

433 SW 21ST TER
CAPE CORAL, FL 339914328 US

FEI Number: 20-0981532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC.
465 S. VOLUSIA AVE.
SUITE C
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

SILVA, MANOEL
433 SW 21ST TER
CAPE CORAL, FL 339914328 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: MANOEL SILVA

12/09/2008

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: D () Delete
Name: LOPES, VANDERLUCIO
Address: 1911 SW 12TH LN
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: XAVIER, DEVANIR
Address: 1911 SW 12TH LN
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: ROMERO, PEDRO
Address: 1911 SW 12TH LN
City-St-Zip: CAPE CORAL, FL 33991

Title: P () Delete
Name: MANOEL, SILVA
Address: 1911 SW 12TH LN
City-St-Zip: CAPE CORAL, FL 33991 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P (X) Change () Addition
Name: MANOEL, SILVA
Address: 433 SW 21ST TER
City-St-Zip: CAPE CORAL, FL 339914328 US

I hereby certify that the information supplied with this filing does not qualify 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: MANOEL SILVA

PRES

12/09/2008

Electronic Signature of Signing Officer or Director

Date