

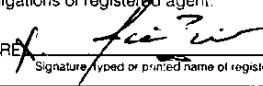
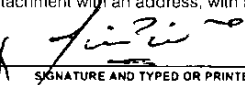


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000065611 1. Entity Name OMP FLOORING CORP				FILED 06 OCT -3 PM 5:19 CLERK OF THE STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7900 COLONY CR /SO. APT #202 TAMARAC, FL 33321		Mailing Address 7900 COLONY CR /SO APT #202 TAMARAC, FL 33321			
2. Principal Place of Business 8106 NW 94 AVE		3. Mailing Address 8106 NW 94 AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMARAC, FL		City & State TAMARAC, FL		4. FEI Number 20-1026929	
Zip 33321		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATEUS, OSCAR I 7900 COLONY CR /SO APT #202 TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name Mateus, Oscar I Street Address (P.O. Box Number is Not Acceptable) 8106 NW 94 AVE City TAMARAC FL Zip Code 33321			
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 		DATE 09-27-2006			
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
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	P MATEUS, OSCAR I 7900 COLONY CR /SO APT #202 TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OMP FLOORING CORP OSCAR I Mateus 8106 NW 94 AVE TAMARAC FL 33321	<input checked="" 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	500080407895 10/03/06--01053--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		
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: 		DATE 09-27-2006			
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

REINSTATEMENT 2006