2006 FOR PROFIT CORPORATION REINSTATEMENT . . .

FILED DOCUMENT # P04000065773 FARLEY'S FLOORS, INC. 06 BEC 26 AM 9: 04 SECRETARY OF STATE FALLANASSEE FLORIDA Principal Place of Business Mailing Address 7103 SHERIDAN ROAD W. 7103 SHERIDAN ROAD W. MELBOURNE, FL 32904 MELBOURNE, FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 84-1651415 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARLEY, CURTIS R Street Address (P.O. Box Number is Not Acceptable) 7103 SHERIDAN ROAD W. MELBOURNE, FL 32904 City Zip Code FL 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. FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D ☐ Change ☐ Delete Addition TITLE TITLE NAME FARLEY, CURTIS R 12725/06--01049--014 STREET ADDRESS STREET ADDRESS 6410 CRABGRASS RAOD CITY-ST-ZIP ST. CLOUD, FL 347739398 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 all other like empowered. 32FSD1-SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICE

OR DIRECTOR