2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# P04000065953

Entity Name: CLEBER FLOOR COVERING, INC.

Current Principal Place of Business:

1105 ALBANY AVE.
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

1105 ALBANY AVE.
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 20-1038987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPNAO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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: JUCIANE SENNA

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: PD ( ) Delete
Name: GERONIMO DA SILVA, ANGELIN
Address: 1105 ALBANY AVE.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: TD (X) Delete
Name: CORTEZ GARCIA, ROLANDO A
Address: 6636 WARWICK CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: SD ( ) Delete
Name: FLORES, CANDIDO
Address: 16891 CARMEN AVE., #A
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: FLORES, CANDIDO
Address: 16891 CARMEN AVE., #A
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANGELIN GERONIMO DA SILVA PD 10/06/2005

Electronic Signature of Signing Officer or Director Date