

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000072572

FILED
Nov 18, 2009
Secretary of State

Entity Name: MARTINS FLOOR COVERING, INC.

Current Principal Place of Business:

2706 OWEN AVE
LEHIGH ACRES, FL 33971

New Principal Place of Business:

1825 LINHART AVE
#95
FORT MYERS, FL 33901

Current Mailing Address:

2706 OWEN AVE
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 20-1081790

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
POMPANO BCH, FL 33064 US

Name and Address of New Registered Agent:

TRANSAMERICA ACCOUNTING & SERVICES, INC
4244C EVANS AVE
FORT MYERS, FL 33901 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: DEBORA FORTUNATO-SOUZA

11/18/2009

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: P () Delete
Name: MARTINS, ISMAEL JOAO
Address: 2706 OWEN AVE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP () Delete
Name: TORQUATO, GISLAINE R
Address: 2706 OWEN AVE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S () Delete
Name: TORQUATO, ANTONIO
Address: 2706 OWEN AVE
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TORQUATO, ANTONIO
Address: 1825 LINHART AVE
City-St-Zip: FORT MYERS, FL 33901

Title: VP (X) Change () Addition
Name: TORQUATO, GISLAINE R
Address: 1825 LINHART AVE
City-St-Zip: FORT MYERS, FL 33901

Title: S (X) Change () Addition
Name: TORQUATO, JONATHAN
Address: 1825 LINHART AVE
City-St-Zip: FORT MYERS, FL 33901

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: ANTONIO TORQUATO

P

11/18/2009

Electronic Signature of Signing Officer or Director

Date