2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000101635

Entity Name: BETOMASO FLOORING, INC.

FILED May 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5052 PARK CENTRAL DR 3761 NE 16TH AVE

APT 1818 POMPANO BEACH, FL 33064 US

ORLANDO, FL 32839

New Mailing Address: Current Mailing Address:

5052 PARK CENTRAL DR 3761 NE 16TH AVE

APT 1818 POMPANO BEACH, FL 33064 US ORLANDO, FL 32839 US

FEI Number: 20-1338668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ACCOUNT BOOKKEEPING CORP SOUZA, ROBERTO M 5950 LAKEHURST DR 3761 NÉ 16TH AVE

POMPANO BEACH, FL 33064 US 246 ORLANDO, FL FL 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: ROBERTO M SOUZA 05/21/2008

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SOUZA, ROBERTO M SOUZA, ROBERTO M Name: Name:

5052 PARK CENTRAL DR APT 1818 3761 NE 16TH AVE Address: Address:

City-St-Zip: ORLANDO, FL 32839 US City-St-Zip: POMPANO BEACH, FL 33064 US

() Delete Title: DVP Title: DVP (X) Change () Addition

Name: SOUZA, RAFAEL M Name: SOUZA, RAFAEL M 5052 PARK CENTRAL DR APT 1818 3761 NE 16TH AVE Address: Address:

ORLANDO, FL 32839 US POMPANO BEACH, FL 33064 US City-St-Zip: City-St-Zip:

Title: Title: DT () Delete DT (X) Change () Addition ASSIS, MARCONDES A SILVA, EVA C Name: Name:

5052 PARK CENTRAL DR APT 1818 3761 NE 16TH AVE Address: Address:

City-St-Zip: ORLANDO, FL 32839 US City-St-Zip: POMPANO BEACH, FL 33064 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: ROBERTO M SOUZA DP 05/21/2008