

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000123425

**FILED**  
**Nov 29, 2005**  
**Secretary of State**

**Entity Name:** FLORE WORLDWIDE TILE & TUB RESTORERS, INC.

**Current Principal Place of Business:**

2373 N. CENTRAL AVE., STE. B-115  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

2373 N. CENTRAL AVE., STE. B-115  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 20-1568982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SORIANO, AGAPITO  
2373 N. CENTRAL AVE., STE. B-115  
KISSIMMEE, FL 34741 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:** AGAPITO SORIANO

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: SORIANO, AGAPITO  
Address: 2373 N. CENTRAL AVE., STE. B-115  
City-St-Zip: KISSIMMEE, FL 34741

Title: VD (X) Delete  
Name: FELIZ, MANUEL  
Address: 2373 N. CENTRAL AVE., STE. B-115  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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:** AGAPITO SORIANO

PD

11/29/2005

Electronic Signature of Signing Officer or Director

Date