

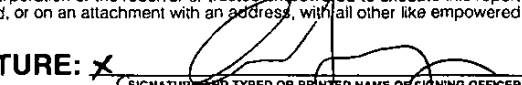


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000126704 1. Entity Name FREGOSO FLOORING INC.						FILED 05 NOV -4 PM 12:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3312 SW 7TH PLACE CAPE CORAL, FL 33914				Mailing Address 3312 SW 7TH PLACE CAPE CORAL, FL 33914			
2. Principal Place of Business 127 SW 19TH TERRACE Suite, Apt. #, etc.		3. Mailing Address 127 SW 19TH TERRACE Suite, Apt. #, etc.					
City & State CAPE CORAL FL 33991		City & State CAPE CORAL FL		4. FEI Number 20-1578042		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33991		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		11012005 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent FREGOSO ACOSTA, CESAR 3312 SW 7TH PLACE CAPE CORAL, FL 33914				7. Name and Address of New Registered Agent Name FREGOSO ACOSTA, CESAR Street Address (P.O. Box Number is Not Acceptable) 127 SW 19TH TERRACE City CAPE CORAL FL Zip Code 33991			
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. SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: P <input type="checkbox"/> Delete NAME: FREGOSO ACOSTA, CESAR STREET ADDRESS: 3312 SW 7TH PLACE CITY-ST-ZIP: CAPE CORAL, FL 33914				TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: FREGOSO ACOSTA, CESAR STREET ADDRESS: 127 SW 19TH TERRACE CITY-ST-ZIP: CAPE CORAL FL 33991			
TITLE: VP <input checked="" type="checkbox"/> Delete NAME: MORALES, HUMBERTO STREET ADDRESS: 620 SE 2ND STREET CITY-ST-ZIP: CAPE CORAL, FL 33990				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 an address, with all other like empowered.							
SIGNATURE: 				11/1/05 Date: _____ Daytime Phone #: _____			