

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000151066 1. Entity Name MARTINS FLOOR INSTALLATION, INC.																																																																																																													
Principal Place of Business 460 W. OAK RIDGE RD. SUITE 323 ORLANDO, FL 32809		Mailing Address 460 W. OAK RIDGE RD. SUITE 323 ORLANDO, FL 32809																																																																																																											
2. Principal Place of Business 6634 BERTON	3. Mailing Address SAME																																																																																																												
Suite, Apt. #, etc. 	Suite, Apt. #, etc. 																																																																																																												
City & State ORLANDO FL	City & State 																																																																																																												
Zip 32809	Country FLORIDA	Zip 																																																																																																											
4. FEI Number 20-1848943		Applied For <input type="checkbox"/> Not Applicable																																																																																																											
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																											
6. Name and Address of Current Registered Agent PROFESSIONAL ACCOUNTANTS & CONSULTANTS, INC 1157 WEST STATE ROAD 436 SUITE 105 ALT. SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																											
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 \$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																																																																																																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DARIEL CORDERO(P) 01/12/06 Date Daytime Phone #																																																																																																											

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

REINSTATEMENT 05-06
01/12/06 REIN-4 CR2E098 (11/05) W00

(321) 278-6752