

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000159683

**FILED**  
**Nov 03, 2011**  
**Secretary of State**

**Entity Name:** MIRACLE HANDS FLOORING SYSTEM, INC.

**Current Principal Place of Business:**

6800 NW 39TH AVE #125  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6800 NW 39TH AVE #125  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:** 20-1921738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAX HOUSE CORPORATION  
1100 S FEDERAL HWY  
2ND FLOOR  
DEERFIELD BEACH, FL 33441 US

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

MARQUES, AFRANIO  
6800 NW 39TH AVE  
#125  
COCONUT CREEK, FL 33073 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:** AFRANIO MARQUES

11/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MARQUES, AFRANIO  
**Address:** 6800 NW 39TH AVE #125  
**City-St-Zip:** COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

**SIGNATURE:** AFRANIO MARQUES

PD

11/03/2011

Electronic Signature of Signing Officer or Director

Date