

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JAN 12 AM 11:07

SEC. OF STATE  
TALLAHASSEE, FLORIDA

05-06



01112006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P04000161891</b>	
1. Entity Name URU FLOORINGS, INC.	
Principal Place of Business 2375 N.E. 173RD STREET, APARTMENT B314 NORTH MIAMI, FL 33160	Mailing Address 2375 N.E. 173RD STREET, APARTMENT B314 NORTH MIAMI, FL 33160

2. Principal Place of Business 19 27 FUSTON FRONT ST Suite, Apt. #, etc. #1	3. Mailing Address Same Suite, Apt. #, etc.
City & State HOLLYWOOD FL.	City & State
Zip 33020	Country USA

4. FEI Number 30-1997247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DA-ROCHA, ALEX 2375 N.E. 173RD STREET, APARTMENT B314 NORTH MIAMI, FL 33160	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DA-ROCHA, ALEX 2375 N.E. 173RD STREET, APARTMENT B314 NORTH MIAMI, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.00064409851 01/24/06--01051--007. **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_