



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000162774</b> 1. Entity Name <b>FLOORING DONE RIGHT INC.</b>						<b>FILED</b> <b>05 NOV 10 PM 6:03</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>P.O. BOX 5807 HUDSON, FL 34674</b>				Mailing Address <b>P.O. BOX 5807 HUDSON, FL 34674</b>			
2. Principal Place of Business <b>13340 R-MAR Lane</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 11022005 REIN P GR2E098 (6/04) <b>05</b> <b>REINSTATEMENT</b> <b>87-0756035</b>			
City & State <b>Hudson Fla</b>		City & State					
Zip <b>34674</b>	Country <b>Pasco</b>	Zip	Country				
6. Name and Address of Current Registered Agent <b>LONG, JAMES KEITH 13340 RMAR LANE HUDSON, FL 34674</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>James K Long</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>11-7-05</u>							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>LONG, JAMES KEITH</b> <b>13340 RMAR LANE</b> <b>HUDSON, FL 34674</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600061344016</b> <b>11/10/05--01041--005 **500.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900061344089</b> <b>11/10/05--01041--006 **250.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>James K Long</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>11-7-05</u> <u>727-277-6670</u> Date Daytime Phone #			