2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 22, 2005
Secretary of State

DOCUMENT# P04000166804

Entity Name: MIRANDA'S FLOOR COVERING, INC

Current Principal Place of Business:

9822 BERNWOOD PL DR #209
FT MYERS, FL 33912

New Principal Place of Business:

5217 25TH ST SW
LEHIGH ACRES, FL 33971

Current Mailing Address:

9822 BERNWOOD PL DR #209
FT MYERS, FL 33912

New Mailing Address:

5217 25TH ST SW
LEHIGH ACRES, FL 33971

FEI Number: 51-0531563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREIRA, JULIANA
6580 BRIARCLIFF RD
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
11601 S CLEVELAND AVENUE
6
FT MYERS, FL 33907 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: TAX HOUSE CORPORATION 09/22/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MIRANDA, JOSE
Address: 9822 BERNWOOD PL DR #209
City-St-Zip: FT MYERS, FL 33912

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MIRANDA, JOSE
Address: 5217 25TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Change (X) Addition
Name: DA SILVA, GENTIL P D
Address: 5217 25TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOSE DE MIRANDA P 09/22/2005
Electronic Signature of Signing Officer or Director Date