2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000047844

Entity Name: CERTIFIED FLOOR SERVICES, INC.

FILED Oct 08, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Finicipal Flace of Business.	New Fillicipal Flace Of Busiliess

5517 U S HIGHWAY 19

NEW PORT RICHEY, FL 34652 US

Current Mailing Address: New Mailing Address:

5517 U S HIGHWAY 19

NEW PORT RICHEY, FL 34652 US

FEI Number: 20-0419845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

REED, MICHAEL 5517 U.S. HIGHWAY 19 NEW BORT BICHEY, EL. 3

NEW PORT RICHEY, FL 34652 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: MICHAEL REED

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: VP (X) Change () Addition

 Name:
 REED, MICHAEL
 Name:
 REED, MICHAEL

 Address:
 5517 U S HIGHWAY 19
 Address:
 5517 U S HIGHWAY 19

City-St-Zip: NEW PORT RICHEY, FL 34652 US City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP () Delete Title: P (X) Change () Addition

 Name:
 DRUMMOND, KURT
 Name:
 DRUMMOND, KURT

 Address:
 5517 US HIGHWAY 19
 Address:
 5517 US HIGHWAY 19

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 City-St-Zip:
 NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL REED VP 10/08/2008