

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000053736

**FILED**  
**Nov 14, 2006**  
**Secretary of State**

**Entity Name:** MAXIMUM FLOORING, CORP.

**Current Principal Place of Business:**

5636 37TH ST  
VERO BEACH, FL 32966 US

**New Principal Place of Business:**

440 8TH PL SUITE # 201  
VERO BEACH, FL 32960 US

**Current Mailing Address:**

5636 37TH ST  
VERO BEACH, FL 32966 US

**New Mailing Address:**

440 8TH PL SUITE # 201  
VERO BEACH, FL 32960 US

**FEI Number:** 20-2663446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAXPLACE CORP.  
2721 S. US 1 SUITE 9  
FORT PIERCE, FL 34982 US

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

SILVA, NELMAR T  
440 8TH PL SUITE # 201  
VERO BEACH, FL 32960 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: NELMAR T SILVA

11/14/2006

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: PD ( ) Delete  
Name: SILVA, NELMAR T  
Address: 5636 37TH ST  
City-St-Zip: VERO BEACH, FL 32966 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SILVA, NELMAR T  
Address: 440 8TH PL SUITE # 201  
City-St-Zip: VERO BEACH, FL 32960 US

I hereby certify that the information supplied with this filing does not qualify for the 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: NELMAR T SILVA

PD

11/14/2006

Electronic Signature of Signing Officer or Director

Date