2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# P05000057589

Entity Name: ATLANTIS FLOOR COVERING INC.

Current Principal Place of Business:

2550 NE 8TH TERRACE
POMPANO BEACH, FL 33064

New Principal Place of Business:

6535 W HWY 326
OCALA, FL 34482

Current Mailing Address:

2550 NE 8TH TERRACE
POMPANO BEACH, FL 33064

New Mailing Address:

6535 W HWY 326
OCALA, FL 34482

FEI Number: 20-2720764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, JUAN R
2550 NE 8TH TERRACE
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

RAMIREZ, JUAN R
6535 W HWY 326
OCALA, FL 34482 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: JUAN R. RAMIREZ 01/29/2008
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: PVST ( ) Delete
Name: RAMIREZ, JUAN R
Address: 2550 NE 8TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: RAMIREZ, JUAN R
Address: 2550 NE 8TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: RAMIREZ, JUAN R
Address: 6535 W HWY 326
City-St-Zip: OCALA, FL 34482

Title: D (X) Change ( ) Addition
Name: RAMIREZ, JUAN R
Address: 6535 W HWY 326
City-St-Zip: OCALA, FL 34482

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: JUAN R. RAMIREZ PVST 01/29/2008
Electronic Signature of Signing Officer or Director Date