

2007 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P05000064623 | |
| 1. Entity Name AMEN FLOORING & TILE, INC. | |



FILED
08 MAR 21 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 12709 SOCIAL DRIVE HUDSON, FL 34667 | Mailing Address 12709 SOCIAL DRIVE HUDSON, FL 34667 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 1324 Seven Springs Blvd Ste 328 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State New Port Richey, FL |
| Zip | Zip 34655 |
| Country | Country USA |



REINSTATEMENT 02-08

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| 4. FEI Number 25-1916619 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WALKER, STEPHANIE 12704 SOCIAL DRIVE HUDSON, FL 34667 | 7. Name and Address of New Registered Agent Name Kelly Drew Street Address (P.O. Box Number is Not Acceptable) 1324 Seven Springs Blvd Ste 328 City New Port Richey FL Zip Code 34655 |
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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 Kelly L. Drew Kelly Drew, Agent 10-31-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVTS ANTONIO, LEE R 12709 SOCIAL DRIVE HUDSON, FL 34667 <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 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lee Antonio 11-19-2007 727-565-7793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #