

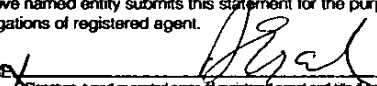
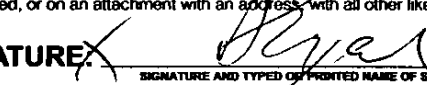


2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| DOCUMENT # P05000065540 1. Entity Name ACCORD FLOORING, INC. | | | |  | | SEC. OF STATE DIVISION OF CORPORATIONS 06 OCT 10 PM 1:43 REINSTATEMENT <u>06</u>  | |
| Principal Place of Business 6353 WEST ROGERS CIRCLE UNIT 2 BOCA RATON, FL 33487 | | | | Mailing Address 6353 WEST ROGERS CIRCLE UNIT 2 BOCA RATON, FL 33487 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 10042006 REIN-P CR2E098 (11/05) | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 20-2857795 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent CLARK, THOMAS M 2400 E. COMMERCIAL BLVD. #820 FORT LAUDERDALE, FL 33308 | | | |
| 7. Name and Address of New Registered Agent Name ANITA EYAL Street Address (P.O. Box Number is Not Acceptable) 6353 WEST ROGERS CIRCLE BOCA RATON 33487 City FL Zip Code | | | | 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  DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE D <input type="checkbox"/> Delete NAME EYAL, JACOB STREET ADDRESS 6353 WEST ROGERS CIRCLE UNIT 2 CITY-ST-ZIP BOCA RATON, FL 33487 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 500080697055 STREET ADDRESS 10/10/06--01072--006 CITY-ST-ZIP **200.00 | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 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  DATE _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | |