


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000100651					
1. Entity Name JIM'S FLOORING INC.					
Principal Place of Business 3740 LIGHTHOUSE WAY HOLIDAY, FL 34691			Mailing Address 3740 LIGHTHOUSE WAY HOLIDAY, FL 34691		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-3197408	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORELSKI, JAMES N 3740 LIGHTHOUSE WAY HOLIDAY, FL 34691			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00			600086466596 01/30/07--01003--010 **300.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME GORELSKI, JAMES N STREET ADDRESS 3740 LIGHTHOUSE WAY CITY-ST-ZIP HOLIDAY, FL 34691	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MITCHELL, MARY-KAY STREET ADDRESS 3740 LIGHTHOUSE WAY CITY-ST-ZIP HOLIDAY, FL 34691	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-6-07 727-259-4655 Date Daytime Phone #		

FILED

07 JAN 12 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07
11132006 REIN-P CR2E098 (11/05)

NOTES

- (To Whom it may concern,
I called the phone number
with this form and was
instructed to send 300.00
- (to cover 2006 and 2007,
Due to the fact I was
never notified of a re-
newal. Please except this
- (payment to bring me up to
date on all.

Thank you
Jim Gortelski

