

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 09, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P05000108160 1. Entity Name JKR FLOORING INC.			
Principal Place of Business 4900 SE. 102 ND PL NO. 73 BELLEVIEW, FL 34420 US		Mailing Address 4900 SE. 102 ND PL NO. 73 BELLEVIEW, FL 34420 US	
2. Principal Place of Business 14220 S.E. 61st Ave Suite, Apt. #, etc.		3. Mailing Address 14220 S.E. 61st Ave Suite, Apt. #, etc.	
City & State Summerfield, Florida Zip Country 34491 US		City & State Summerfield, Florida Zip Country 34491 US	
4. FEI Number 43-2086703		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 ROSS, JAMES K 4900 SE 102ND PL NO. 73 BELLEVIEW, FL 34420		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 _____ DATE 11-02-06 <small>Signature, typed or printed name of registered agent and title if applicable. (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 P NAME ROSS, JAMES K STREET ADDRESS 4900 SE 102ND PL NO. 73 CITY-ST-ZIP BELLEVIEW, FL 34420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 4900 SE 102ND PL NO. 73 CITY-ST-ZIP BELLEVIEW, FL 34420	<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: James Ross <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		James Ross Date 11-02-06 Daytime Phone # 407-301-7508	