2007 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

DOCUMENT # P05000109823 1. Entity Name FILED FLORIDIAN'S NEXT STEP FLOORING INC. 07 OCT 18 AM 8: 59 Principal Place of Business Mailing Address ALLAHASSEE, FLORIDA 1403 E CAYUGA ST 1403 E CAYUGA ST TAMPA, FL 33603 TAMPA, FL 33603 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. City & State City & State Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOTKIN, VIRGINIA J Street Address (P.O. Box Number is Not Acceptable) **7494 NW 114TH TERRACE** PARKLAND, FL 33076 City 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. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent algorature required when reinstating DATE In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change MICHELLE DE PAULA, ERIN NAME NAME 700111278297 10/24/07--01009--017 **30 STREET ADDRESS 1403 E CAYUGA ST STREET ADDRESS **300.00 CITY-ST-ZIP TAMPA, FL 33603 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SOARES DE PAULA, RONEI NAME NAME STREET ADDRESS 1403 E CAYUGA ST STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33603 CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-20P CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET AINDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete T) TLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-762 CITY-ST-ZIP 12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 it 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 507. 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.

OFFICER OR DIRECTOR