


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 15 PM 4:24

DOCUMENT # P05000128721	
1. Entity Name CLASSIC HARDWOOD FLOORING OF NORTH FLORIDA INC.	

Principal Place of Business 237 NAN NOOK RD. MEXICO BEACH, FL 32456	Mailing Address 237 NAN NOOK RD. MEXICO BEACH, FL 32456
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REINSTATEMENT 06



2. Principal Place of Business 915 Minnesota Ave Suite, Apt. #, etc.	3. Mailing Address 915 Minnesota Ave Suite, Apt. #, etc.
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10252006 REIN-P CR2E098 (11/05)

City & State Lynn Haven, FL	City & State Lynn Haven, FL
Zip 32444	Zip 32444
Country USA	Country USA

4. FEI Number 13-4309095	EIN#	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EDWARDS, JAMES 237 NAN NOOK RD. MEXICO BEACH, FL 32456

7. Name and Address of New Registered Agent Name James Edwards Street Address (P.O. Box Number is Not Acceptable) 915 Minnesota Ave City Lynn Haven FL Zip Code 32444
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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 	(NOTE: Registered Agent signature required when reinstating)	DATE 11-14-06
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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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D EDWARDS, JAMES 237 NAN NOOK RD. MEXICO BEACH, FL 32456 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T EDWARDS, JAMES 237 NAN NOOK RD. MEXICO BEACH, FL 32456 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, JAMES 237 NAN NOOK RD. MEXICO BEACH, FL 32456 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Edwards <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 915 Minnesota Ave Lynn Haven, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Edwards <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 915 Minnesota Ave Lynn Haven, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Edwards <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 915 Minnesota Ave Lynn Haven, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000081824287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11/15/06--01047--011 **\$150.00
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"/> 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: 	11-14-06	850-867-2496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #