

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000143094

FILED  
Aug 10, 2007  
Secretary of State

Entity Name: AMARAL FLOOR COVERING, INC.

## Current Principal Place of Business:

6300 SOUTH POINT SUITE 448  
FORT MYERS, FL 339194986

## New Principal Place of Business:

## Current Mailing Address:

6300 SOUTH POINT SUITE 448  
FORT MYERS, FL 339194986

## New Mailing Address:

FEI Number: 20-3733668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: TAX HOUSE CORPORATION

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SANTOS DO AMARAL, THICIARA  
Address: 6300 SOUTH POINT SUITE 448  
City-St-Zip: FORT MYERS, FL 339194986

Title: V ( ) Delete  
Name: FONSECA, IURI AMARAL  
Address: 6300 SOUTH POINT SUITE 448  
City-St-Zip: FORT MYERS, FL 339194986

Title: D ( ) Delete  
Name: FONSECA, JOBER A  
Address: 6300 SOUTH POINT SUITE 448  
City-St-Zip: FORT MYERS, FL 339194986

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SENA, JOSIAS  
Address: 6300 SOUTH POINT SUITE 448  
City-St-Zip: FORT MYERS, FL 339194986

Title: D ( ) Change (X) Addition  
Name: SILVESTRE, ROBERTO  
Address: 6300 SOUTH POINT SUITE 448  
City-St-Zip: FORT MYERS, FL 339194986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IURI AMARAL FONSECA

V

08/10/2007

Electronic Signature of Signing Officer or Director

Date