

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # R06000023429

1. Entity Name
JUST FLOORS INSTALLATIONS INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -4 AM 10:23



05282008 REIN-P CR2E098 (1/07)

4. FEI Number
20-4313550

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOS SANTOS, RICARDO P
220 GULF BLVD
UNIT B
INDIAN ROCKS BCH, FL 33785

7. Name and Address of New Registered Agent

Name DOS SANTOS, RICARDO P
Street Address (P.O. Box Number is Not Acceptable)
960 STARKEY RD #1305
City LARGO FL Zip Code 33771

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 name and title of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/28/08

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOS SANTOS, RICARDO P	
STREET ADDRESS	220 GULF BLVD - UNIT B	
CITY-ST-ZIP	INDIAN ROCKS BCH, FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dos Santos, Ricardo P	
STREET ADDRESS	960 Starkey Rd #1305	
CITY-ST-ZIP	LARGO - FL - 33771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

200130725802
06/04/08--01015--023 **300.00

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

5/28/08 (727) 564 3098

Date

Daytime Phone #

6/5aw