


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000042336		
1. Entity Name PURE IMAGE WOOD FLOORING INC.		

FILED
08 MAR 5 AM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

Principal Place of Business 3001 BRADDOCK ST. TAMPA, FL 33607	Mailing Address 3001 BRADDOCK ST. TAMPA, FL 33607
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2. Principal Place of Business - No P.O. Box # 1308 S. Dale Mabry Hwy.	3. Mailing Address 1308 S. Dale Mabry Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, FL	City & State Tampa, FL
Zip 33629	Zip 33629
Country	Country

4. FEI Number 14-1937665	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 AVALOS, ANDRES JR 3001 BRADDOCK ST. TAMPA, FL 33607
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7. Name and Address of New Registered Agent Name Avalos, Andres, Jr. Street Address (P.O. Box Number is Not Acceptable) 7605 Lutz Lake Fern Rd. City Odessa FL Zip Code 33556
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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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>2/23/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVALOS, ANDRES JR 3001 BRADDOCK ST. TAMPA, FL 33607 <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
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7605 Lutz Lake Fern Rd. Odessa, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400119480784 03/05/08--01037--013 **\$900.00
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
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>2/23/08</i> 813-254-0546 <small>Daytime Phone #</small>

2.3/13