


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000042925		
1. Entity Name ROSARIO'S CUSTOM WOOD FLOORS, INC		

Principal Place of Business 3719 19TH STREET SW LEHIGH ACRES, FL 33971	Mailing Address 3719 19TH STREET SW LEHIGH ACRES, FL 33971
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

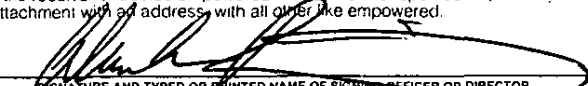
6. Name and Address of Current Registered Agent	
ROSARIO, ALEXANDER 3719 19TH STREET SW LEHIGH ACRES, FL 33971	


7. Name and Address of New Registered Agent	
Name ALL FLORIDA FIRM INC	
Street Address (P.O. Box Number is Not Acceptable) 813 Deltona Blvd, Ste A Box #1198945	
City Deltona	Zip Code 32725

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 	Victor E. Campbell for All Florida Firm Inc 2-21-08 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSARIO, ALEXANDER 3719 19TH STREET SW LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500120948029 03/21/08--01027--011 **\$300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC ROSARIO, CHELLIE 3719 19TH STREET SW LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 03/27
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 	2-29-08 (239)368-3955 Date: _____ Duplicator Phone: _____

FILED
08 MAR 27 PM 2: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 07-08

20-4624144
02212008 REIN-P CR2E098 (1/07)