

2008 FOR PROFIT CORPORATION REINSTATEMENT



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

FILED
 08 MAR 27 PM 2:50

Principal Place of Business Mailing Address
3719 19TH STREET SW 3719 19TH STREET SW
LEHIGH ACRES, FL 33971 LEHIGH ACRES, FL 33971

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

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

20-4624144
 02212008 REIN-P

CR2E098 (1/07)

4. Filing Number Applied For
 Not Applicable

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

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** FL 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: *[Signature]* **Victor Edwin for All Florida Firm Inc**
Eric Campbell **2-21-08**
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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 | | <input type="checkbox"/> Delete |
|----------------------------|-------------------------------|---------------------------------|
| TITLE | P | |
| NAME | ROSARIO, ALEXANDER | |
| STREET ADDRESS | 3719 19TH STREET SW | |
| CITY-ST-ZIP | LEHIGH ACRES, FL 33936 | |
| TITLE | SEC | |
| NAME | ROSARIO, CHELLIE | |
| STREET ADDRESS | 3719 19TH STREET SW | |
| CITY-ST-ZIP | LEHIGH ACRES, FL 33971 | |
| 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 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|-----------------------------|---------------------------------|-----------------------------------|
| TITLE | | | |
| NAME | 500120948029 | | |
| STREET ADDRESS | 03/21/08--01027--011 | | **300.00 |
| 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 | | | |

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-08 (239)368-3955
Date Duplicator Phone #