

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 NOV 14 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-19-07
DJ



REINSTATEMENT

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| DOCUMENT # P06000088326 | |  | |
| 1. Entity Name GIVO FLOOR SPECIALISTS CORP | | | |
| Principal Place of Business 1318 GALEON CT WINTER SPRINGS, FL 32708 | | Mailing Address 1318 GALEON CT WINTER SPRINGS, FL 32708 | |
| 2. Principal Place of Business - No P.O. Box # 5840 RED BAY LANE Suite, Apt. #, etc. 180 | | 3. Mailing Address 5840 RED BAY LANE Suite, Apt. #, etc. 180 | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ACOSTA, GREGORY 1318 GALEON CT WINTER SPRINGS, FL 32708 ORLANDO, FL 32825-7324 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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  Gregory Acosta | | DATE 11-06-07 | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ACOSTA, GREGORY 1318 GALEON CT WINTER SPRINGS, FL 32708 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 943 RIVECON AVE. ORLANDO, FL 32825 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ACOSTA, GREGORY 1318 GALEON CT WINTER SPRINGS, FL 32708 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 943 RIVECON AVE. ORLANDO, FL 32825 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ACOSTA, GREGORY 1318 GALEON CT WINTER SPRINGS, FL 32708 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100112302151 11/14/07--01052--011 **150.00 |
| 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:  Gregory Acosta | | DATE 11-06-07 DAYTIME PHONE # 407-9143305 | |