

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2010 APR 28 A 11: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/28/10--01005--012 **450.00

CR2E081 (4/10)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000152344
1. Corporation Name
Jireh Golden Floors, Inc

2. Principal Office Address - No P.O. Box # 843 NW 138 Street Suite. Apt. #, etc.		3. Mailing Office Address 843 NW 138 Street Suite. Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33168	Country USA	Zip 33168	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 20-8023676	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

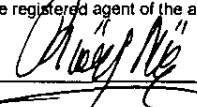
Name Roberto Martinez
Street Address (P.O. Box Number is Not Acceptable)
843 NW 138 Street
Suite. Apt. #, Etc

City Miami,	State FL	Zip Code 33168
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PROFIT CORPORATIONS ONLY

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *  Date 04/26/10
REGISTERED AGENT MUST SIGN

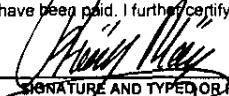
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	Roberto Martinez	843 NW 138 Street	Miami, FL 33168
VPS	Aida Martinez	843 NW 138 Street	Miami, FL 33168

REINSTATEMENT
08-10


10. E-mail Address: None
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *  Date 04/26/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #