

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000105832

FILED
Oct 22, 2008
Secretary of State

Entity Name: THE FLOORING EXCHANGE INC

Current Principal Place of Business:

342 E. ALVERDEZ AVE
CLEWISTON, FL 33440

New Principal Place of Business:

3548 CHERRY BLOSSOM CT
203
ESTERO, FL 33928

Current Mailing Address:

342 E. ALVERDEZ AVE
CLEWISTON, FL 33440

New Mailing Address:

3548 CHERRY BLOSSOM CT
203
ESTERO, FL 33928

FEI Number: 26-1385413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, TIMOTHY
342 E. ALVERDEZ AVE
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

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.

SIGNATURE: TIMOTHY JONES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, TIMOTHY
Address: 342 E ALVERDEZ AVE
City-St-Zip: CLEWISTON, FL 33440 US

Title: VP () Delete
Name: DOUCETTE, SHALANE
Address: 342 E. ALVERDEZ AVE
City-St-Zip: CLEWISTON, FL 33440 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, TIMOTHY
Address: 3548 CHERRY BLOSSOM CT #203
City-St-Zip: ESTERO, FL 33928 US

Title: VP (X) Change () Addition
Name: DOUCETTE, SHALANE
Address: 3548 CHERRY BLOSSOM CT
City-St-Zip: ESTERO, FL 33928 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY JONES

Electronic Signature of Signing Officer or Director

P

10/22/2008

Date