## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P97000040997

FILED Jan 19, 2009 Secretary of State

Entity Name: DOW FLOORING, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 75464 12318 BALM RIVERVIEW RD TAMPA, FL 33675 RIVERVIEW, FL 33569 **Current Mailing Address: New Mailing Address:** P.O. BOX 75464 TAMPA, FL 33675 FEI Number: 59-3452773 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WARD, DONALD O WARD, DONALD O 12318 PALM RIVERVIEW RD 12318 BALM RIVERVIEW RD RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 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: DONALD O WARD 01/19/2009 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition WARD, DONALD O WARD, DONALD O Name: Name: P.O. BOX 75464 N/A P.O. BOX 75464 Address: Address: City-St-Zip: TAMPA, FL 33675 City-St-Zip: TAMPA, FL 33675 Title: VΡ Title: () Change () Addition () Delete WARD, DON JR. Name: Name: P.O. BOX 831 Address: Address: RIVERVIEW, FL 33569 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition WARD, CLIFFORD R Name: Name: 12434 ELNORA DR. Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip:

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: DONALD O WARD SR P 01/19/2009