

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000138375

Entity Name: M2 FLOORING, CORP.

FILED
Sep 28, 2007
Secretary of State

Current Principal Place of Business:

57 SARA AVE S
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

57 SARA AVE S
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 20-1715971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, IVALDO A
57 SARA AVE S
LEHIGH ACRES, FL 33971 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: IVALDO A SILVA

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/D () Delete
Name: SILVA, IVALDO A
Address: 57 SARA AVE S
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VP () Delete
Name: CARVALHO, FERNANDO C
Address: 817 CHAMPION AV
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SANTANA, JOSE L
Address: 9850 BERNWOOD PLACE DR #210
City-St-Zip: FORT MYERS, FL 33966 US

Title: D () Change (X) Addition
Name: SILVA, SEBASTIAO
Address: 9850 BERNWOOD PLACE DR #210
City-St-Zip: FORT MYERS, FL 33966 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: IVALDO SILVA

PD

09/28/2007

Electronic Signature of Signing Officer or Director

Date