

## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # P000 | 00025403 | 5 |
|-----------------|----------|---|
|-----------------|----------|---|

1. Corporation Name

## SPEARS FLOORING INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|
| -         |       |    |          |

Mailing Address

FILED

01 NOV -5 PM II: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 8343 SW 44 COURT 8343 SW 44 COUR DAVIE FL 33328 DAVIE FL 33328   |                       |                                   |   | = =  |   |                    |                                      |                            |                                      |  |
|--|-----------------------|-----------------------------------|---|--|---|--------------------|--------------------------------------|----------------------------|--------------------------------------|--|
| If above addresses are incorrect in any way, line through incorrect in  2. New Principal Office Address, If Applicable  3. New Mailin  4. New Mailin  4. New Mailin  5. New Mailin  6. New |                       |                                   | formation and entering Office Address, If   |  | 4. Date Incorporated or Qualified To Do Business in Florida  03/06/2000 |                    |                                      |                            |                                      |  |
| Suite, Apt. #, etc.  City & State  |                       | Suite, Apt. #, etc.  City & State |   |  | 5. FEI Number   |                    | -                                    | Applied For Not Applicable |                                      |  |
| Zip  | C                     | ountry                            | Zip   | Countr   | y   | 6.<br>CERTIFICATE  |                                      |                            | ional Fee required ificate of Status |  |
| 7. Names   | and Street Addres     | ses of Each Officer and           | /or Director (Flo   | rida nonprofit corpora                           | ations must list at lea   | st 3 directors)    |                                      |                            |                                      |  |
| Title(s)   | 2                     |                                   |   | treet Address of Each<br>Officer and/or Director |   | City / State / Zip |                                      |                            |                                      |  |
| PRES.  | Tino                  | THY Spee                          | ty Speals 3300 S  |  | E428  |                    | Hollywood FlA 33021                  |                            |                                      |  |
| -  |                       |                                   |   |  |   |                    |                                      | -                          |                                      |  |
| . :  |                       |                                   |   |  |   | 90                 | 0004698:                             | 515                        | ) <u>9</u>                           |  |
| =  |                       |                                   |   |  |   |                    | 0004698!<br>-11/29/010<br>****150.00 | 1U57<br>*****              | -011<br>×150.00                      |  |
|  |                       |                                   |   |  |   |                    |                                      |                            |                                      |  |
|  |                       |                                   |   |  |   |                    |                                      |                            | ·                                    |  |
|  | 8. Name a             | nd Address of Current             | Registered Age  | nt   | Nome  | 9. Name and A      | Address of New Registered            | Agent                      |                                      |  |
| SPEARS, TIMOTHY  8342 SW-44-00URT 3300 STATE KOAD 7  DAVIE FL 33328  E 428   |                       |                                   | Name TINOTHY SPURS Strapt Address (P.O. Bbx Number is Not Acceptable) 3300 STATE ROAD  -E-428 |  |   |                    |                                      |                            |                                      |  |
| DAVIE  | F <del>L 3332</del> 8 |                                   |   |  | Suite, Apt. #, Etc.   |                    |                                      |                            |                                      |  |
|  |                       | Holler                            | ood Fla   | + 33021  | HOULY   | wood               | State<br>FL                          |                            | 30°3/                                |  |
| Signature o<br>Registered  | f<br>Agent            | gistered agent of the abo         | SP<br>EGISTERED AGI   | ENT MUST SIGN                                    |   |                    | Date 10-//                           | -                          |                                      |  |
| 11. I certify  | that I am an office   | er or director or the rece        | iver or trustee en  | powered to execute                               | this application as p   | rovided for in cha | pter 607 or 617, F.S. I further      | certify th                 | at when filing                       |  |

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

10-11-01

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