

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JUL 28 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000085674 (6)**

1. Corporation Name

Southeastern Floor Care, Inc.

Principal Place of Business

Mailing Address

**11600 Alpharetta Hwy
Suite 250
Roswell, GA 30076**

**11600 Alpharetta Hwy
Suite 250
Roswell, GA 30076**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-6-95

5. FEI Number

58-2191816

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Robert A. Gard	11600 Dunhill Pl. Dr. Alpharetta, GA 30076	30005 Alpharetta, GA 30005
Treas.	Robert A. Gard	SAME	SAME
Director	Robert A. Gard	SAME	SAME

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600002255316-2

08/01/97-01032-009

******929.75 ****929.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324**

Name
FRAN SPENCER
Street Address (P.O. Box Number is Not Acceptable)
1050 Capri Isle Blvd.
Suite, Apt. #, Etc.
Apt. P-204
City
Venice

State
FL

Zip Code
33122

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

FRAN SPENCER

REGISTERED AGENT MUST SIGN

Date

7/24/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 DIRECTOR

FRAN SPENCER President 7-21-97 (770)-751-8564

Date

Daytime Phone #

CR20040 (12/96)