

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 AM 9:39

DOCUMENT # P98000047221

1. Corporation Name
TAMPA CONTRACT FLOORS, INC.

Principal Place of Business Mailing Address
14305 FARMINGTON BLVD. 14305 FARMINGTON BLVD.
TAMPA FL 33625 TAMPA FL 33625



REINSTATEMENT 99-00

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

~~SAME~~ ~~SAME~~

4. Date Incorporated or Qualified To Do Business in Florida 05/22/1998

Suite, Apt. #, etc. City & State Zip Country

5. FEI Number 59-3514383 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	4 City / State / Zip
PRES.	AARON P. TRUMAN	14305 FARMINGTON BLVD.	TAMPA, FL. 33625

200003440762--5
-10/26/00--01072--010
****900.00 ****900.00

AP 10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRUMAN, AARON P
14305 FARMINGTON BLVD.
TAMPA FL 33625

Name N/A
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 REGISTERED AGENT MUST SIGN Date 9/29/2000

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/2000 813-989-1002
Date Daytime Phone #

CR2E040 (8/99)