

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 NOV 20 10:58

DOCUMENT # P040000062228

1. Corporation Name

SHAD HARRISON FLOORING, INC.

2. Principal Office Address

8627 STONER RD.

3. Mailing Office Address

8627 STONER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

City & State

RIVERVIEW, FL

Zip

33569

Country

U.S.

Zip

33569

Country

U.S.

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/8/2003

5. FEI Number

20-0441856

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHAD HARRISON

Street Address (P.O. Box Number is Not Acceptable)

8627 STONER ROAD

Suite, Apt. #, Etc.

City

RIVERVIEW

State

FL

Zip Code

33569

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Shad Harrison

Date

11/15/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	SHAD HARRISON	8627 STONER RD.	RIVERVIEW, FL 33569

100081958191

11/20/06--01061--018 **1050.00

10. 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 contained in Chapter 119, 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:

Shad Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/06

Date

813-915-0055

Daytime Phone #

B. Mitchell NOV 20 2006