

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H50623**

1 Corporation Name

United Floor Covering Inc.

FILED

2016 APR -5 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
908 N. Magnolia Ave		908 N. Magnolia Ave.	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Ocala, Fl.		Ocala, Fl.	
Zip	Country	Zip	Country
34475	Marion	34475	Marion

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida		04-01-1985
5. FEI Number	Applied For	
59-2573890	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
3		

7. Name and Address of Current Registered Agent			
Name			
James B. Zinn			
Street Address (P.O. Box Number is Not Acceptable)			
908 N. Magnolia Ave.			
Suite, Apt #, Etc			
City		State	Zip Code
Ocala		FL	34475

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04/05/16--01024--010 **1076.25

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

James B. Zinn
REGISTERED AGENT MUST SIGN

Date 01-01-16

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,T,S,V,D,C,M	James B. Zinn	908 N. Magnolia Ave.	Ocala, Fl. 34475

10. E-mail Address: N/A

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

James B. Zinn

James B. Zinn

01-01-16

352-629-0405

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #