

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 13 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **461431**

**1. Corporation Name**

Tufco Flooring Systems Sales & Service, Inc.

**2. Principal Office Address**

909 Mar Walt Drive

Suite, Apt. #, etc.

Suite 1014

City & State

Fort Walton Beach, FL

Zip  
32547

Country  
Okaloosa

**3. Mailing Office Address**

909 Mar Walt Drive

Suite, Apt. #, etc.

Suite 1014

City & State

Fort Walton Beach, FL

Zip  
32547

Country  
Okaloosa

**REINSTATEMENT 03-04**

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

June 11, 1985

**5. FEI Number**  
592587701

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  
William Scott Foster

Street Address (P.O. Box Number is Not Acceptable)  
909 Mar Walt Drive

Suite, Apt. #, Etc.  
Suite 1014

City  
Fort Walton Beach

State  
FL

Zip Code  
32547

**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

REGISTERED AGENT MUST SIGN

Date

**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
D	Bacheller, Gilbert E	19080 Quapaw Lane	Garfield, AR 72732

**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 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

**GILBERT E BACHELLER**

**1 July 04**

Date

**858-585-4126**

Daytime Phone #

Ch2E081 (01/04)