

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 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H161489**

1. Corporation Name

Tufco Flooring Systems of Florida, 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

4. Date Incorporated or Qualified

To Do Business in Florida June 12, 1985

5. FEI Number

592587462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

REINSTATEMENT 03-04

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

500039066125
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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

Date

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
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

Date

Daytime Phone #

Gilbert E. Bacheller **Gilbert E. Bacheller** 1 July 04 850-585-4126

CR-25061 (01/04)