

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J93397

1. Corporation Name

LANGDON FLOOR COVERING, INC.

Principal Place of Business

Mailing Address

% LANGDON STANLEY
1140 W. SR 434
LONGWOOD FL 32750

% LANGDON STANLEY
1140 W. SR 434
LONGWOOD FL 32750

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1987

5. FEI Number

59-2865810

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PVST | LANGDON, STANLEY | 557 E. OAKHURST | ALTAMONTE SPRGS FL |
| D | KAMINSKI, MELISA | 1140 W SR 434 | LONGWOOD FL 32750 |
| VP | STANLEY, LEW | 202 HERMITS TR | ALTAMONTE SPRGS FL |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 03-78

300024049593
10/23/03--01052--028 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANGDON, STANLEY
1140 W SR 434
LONGWOOD FL 32750

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-15-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03 407 620-4199

CR2040 (7/03)

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Langdon Floor Covering, Inc.
1140 W SR 434
Longwood, Fl. 32750

October 15, 2003

Division of Corporations
Annual Report/Reinstatement Section

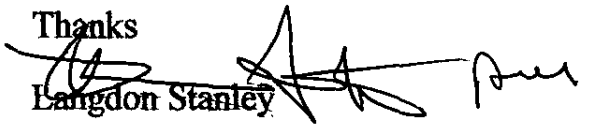
To Whom It May Concern,

I have never recieved a form from the Divisions of Corporation to send in my report.

Please except my payment of \$150.00 as payment for my 2003 report.

Thanks

Langdon Stanley
407-620-4199

A handwritten signature in black ink, appearing to read 'Langdon Stanley', is written over the printed name and phone number.