2004 FOR PROFIT CORPORATION REINSTATEMENT

INGHAM, CARL 771 AIRPORT RD. N NAPLES, FL 34104 8. The above named ephry the obligations of regist SIGNATURE FILE NOWILL FARTER JANUARY 1, 206 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES, TITLE VS	Country and Address of Current pred agent. Figure 13 \$750.00 OFFICERS AN	Mailing Address 771 AIRPORT RD. N NAPLES, FL 34104 3. Mailing Address Suite. Apt. #. etc. City & State Zip Int Registered Agent for the purpose of changing its and and life 4 applicable. (NOT) JD DIRECTORS Delete	City	SECRETARY OF STATE TALLAHASSI E. FLORIDA Applied For S9-3636645 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ess (P.O. Box Number is Not Acceptable) FL Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and acceptable DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Additional
771 AIRPORT RD. N NAPLES, FL 34104 2. Principal Place of Busine Suite, Apt. #. etc. City & State Zip 6. Name INGHAM, CARL 771 AIRPORT RD. N NAPLES, FL 34104 8. The above named epit the obligations of egist SIGNATURE SIGNATURE FILE NOWILL SIGNATURE INGHAM, STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS CITY-SI-ZIP NAPLES, ITILE NAME STREET ADDRESS CITY-SI-ZIP NAPLES, ITILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Country and Address of Current pubmits the statement gred agent. cr printed part of registered age EE 13 \$750.00 OFFICERS AN	771 AIRPORT RD. N NAPLES, FL 34104 3. Mailing Address Suite. Apt. #. etc. City & State Zip Int Registered Agent for the purpose of changing its and tile 4 applicable. (NOT) Delete	Name Street Addre City registered office or reg	SECRETARY OF STATE TALLAMASSI E. FLORIDA Applied For S9-3636645 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Pess (P.O. Box Number is Not Acceptable) FL Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and acceptable to the property of
APPLES, FL 34104 2. Principal Place of Busine Suite, Apt. #. etc. City & State Zip 6. Name INGHAM, CARL 771 AIRPORT RD. N NAPLES, FL 34104 8. The above named epity the obligations of regist SIGNATURE STREET ADDRESS CITY-SI-ZIP ITILE NAME	Country and Address of Current Fubmits this statement gred agent. or printed name of registered age EE 13 \$750.00 OFFICERS AN	NAPLES, FL 34104 3. Mailing Address Suite, Apt. #, etc. City & State Zip Int Registered Agent for the purpose of changing its chi and life f applicable. (NOT)	Name Street Addre City registered office or reg	Applied For S9-3636645 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Sess (P.O. Box Number is Not Acceptable) FL Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and acceptable DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Suite, Apt. #. etc. City & State Zip 6. Name INGHAM, CARL 771 AIRPORT RD. N NAPLES, FL 34104 8. The above named ephythe obligations of egiste the obligations of egistes. Signature FILE NOWILL FARTER APPLIES. THE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME NAPLES,	Country and Address of Current Fubmits this statement gred agent. or printed name of registered age EE 13 \$750.00 OFFICERS AN	Suite, Apt. #, etc. City & State Zip int Registered Agent for the purpose of changing its and sile 4 applicable. (NOTI	Name Street Addre City registered office or reg	Applied For 59-3636645 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Sess (P.O. Box Number is Not Acceptable) FL Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and acceptable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
City & State Zip 6. Name 7. AIRPORT RD. N 8. The above named ephry the obligations of egist t	and Address of Current pubmits the statement of ed agent. or printed name of registered age EE 13 \$750.00 OFFICERS AN	City & State Zip Int Registered Agent for the purpose of changing its and and Bile 4 applicable. (NOTE) Delete	Name Street Addre City registered office or reg	Applied For 59-3636645 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ess (P.O. Box Number is Not Acceptable) FL Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and acceptable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
6. Name NGHAM, CARL 771 AIRPORT RD. N NAPLES, FL 34104 1. The above named ephy the obligations of regist the obligations of regist the obligations of regist the obligations of regist the above named ephy the above n	and Address of Current pubmits the statement of ed agent. or printed name of registered age EE 13 \$750.00 OFFICERS AN	Tip Int Registered Agent for the purpose of changing its and and bits 4 applicable. (NOT)	Name Street Addre City registered office or reg	59-3636645 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ess (P.O. Box Number is Not Acceptable) FL Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and acceptable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
6. Name NGHAM, CARL 171 AIRPORT RD. N NAPLES, FL 34104 10. The above named epity the obligations of egist the obligation	and Address of Current pubmits the statement of ed agent. or printed name of registered age EE 13 \$750.00 OFFICERS AN	nt Registered Agent for the purpose of changing its and and bit of applicable. (NOT)	Name Street Addre City registered office or reg	Fee Required 7. Name and Address of New Registered Agent ess (P.O. Box Number is Not Acceptable) FL Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and acceptable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NGHAM, CARL 771 AIRPORT RD. N NAPLES, FL 34104 3. The above named epity the obligations of egist side of equations of egist the obligations of egist the obligations of egist side of equations of egist the obligations of	FE IS \$750.00 OFFICERS AN	for the purpose of changing its on and bits 4 applicable. (NOTE DOI: DD DIRECTORS	City registered office or reg	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
THE ADDRESS PL STANDER NAPLES, FL 34104 I. The above named epity the obligations of egist the e	Frubmits Die statement gred agent. or printed name of registered age EE 13 \$750.00 OFFICERS AN	D.00 Control of the second o	City registered office or reg	FL Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and acception of the state of Florida and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with accepting the state of Florida. I am familiar with acception of the state o
ATTENDED STREET ADDRESS CITY-ST-ZIP ITTLE NAME NAPLES, ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME	Frubmits Die statement gred agent. or printed name of registered age EE 13 \$750.00 OFFICERS AN	D.00 Control of the second o	registered office or reg	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
FILE NOWILL FAFTER TO PROVIDE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME	of ed agent. Or printed name of registered age EE IS \$750.00 OFFICERS AN	D.00 Control of the second o	registered office or reg	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
FILE NOWIII F After January 1, 200 FILE NOWIII F After January 1, 200 10. IIILE NAME STREET ADDRESS CITY-SI-ZIP NAPLES, VS NAME STREET ADDRESS CITY-SI-ZIP NAPLES, IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME NAPLES, IIILE NAME NAPLES, IIILE NAME NAPLES, IIILE NAME NAME	of ed agent. Or printed name of registered age EE IS \$750.00 OFFICERS AN	D.00 Control of the second o	E: Registered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
FILE NOWILL FAITH NOWILL FILE NOWILL FAITH NAME 10. 10. 10. 11. 10. 11. 10. 11. 10. 11. 10. 11. 10. 11. 10. 11. 10. 11. 10. 11. 10. 11. 10. 11. 10	EE IS \$750.00 05, Fee will be \$900	DOIRECTORS	11. TILE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
FILE NOWIII F After January 1, 200 10. TITLE NAME INGHAM, 251 ALME NAPLES, TITLE VS NAME 218 ST JA NAPLES, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	EE 13 \$750.00 05, Fee will be \$900 OFFICERS AN	DOIRECTORS	11. TILE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
After January 1, 200 ITILE DP INGHAM, PARME STREET ADDRESS CITY-ST-ZIP NAPLES, ITILE VS RICEMAN 218 ST JA NAPLES, ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME	OFFICERS AN	ND DIRECTORS	TITLE	
DP INGHAM, STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS NAPLES, VS RICEMAN 218 ST JA NAPLES, ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME NAME	CARI	☐ Delete	TITLE	
INGHAM, 251 ALME NAPLES, VS RICEMAN 218 ST JA NAPLES, ITTLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME	CARL			L_ Grange Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES, NAPLES, NAPLES, NITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	HONLH- 6933		EALBHY .	
RICEMAN STREET ADDRESS CITY-ST-ZIP NAPLES, ITILE VAME STREET ADDRESS CITY-ST-ZIP ITILE VAME	FL 44104 3410	wellington DR	STREET ADDRESS CITY-ST-ZIP	300042065013 10/21/04-01033-024 **150.00
NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME		□ Delete	NAME STREET ADDRESS	☐ Change ☐ Additio
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FL 34104	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Additio
NAME		De-die	NAME STREET ADDRESS CITY-ST-ZIP	_ name
		☐ De¹ete	TIPLE NAME STREET ADDRESS	☐ Change ☐ Additio
CITY-ST-ZIP		—	CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De!ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/lic
TITLE NAME	——————————————————————————————————————	☐ De¹ete	TITLE NAME	☐ Change ☐ Additio
Street address City-St-Zip			STREET ADORESS CITY-ST-ZIP	
	e information supplied v rt or supplemental repo	with this filling does not qualify for it is true and accurate and that in mooweed to execute this report is, with all other like employeed	or the exemption stated my signature shall have as required by Chapte b.	in Section 119.07(3)(i), Florida Statutes. I further certify that the information a the same legal effect as if made under oath; that I am an officer or director of 607. Florida Statutes; and that my name appears in Block 10 or Block 11 in the same appears in Block 10 or Block 11 in the same appears.
SIGNATURE: (he receiver or trustee er achmen with an addres			10-19-04 239-436-3640



Flooring & Gallery

October 20, 2004

Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Dear Sir or Madam:

Enclosed is our check for \$150.00 and the State of Florida Document # P00000034245 completed for corporation reinstatement.

Unfortunately, Naples Flooring Gallery, Inc., to our knowledge, did not receive any prior notice regarding the 2004 annual report until October 19. If we had received the notice we would certainly have complied with the State of Florida Statutes as required.

It is my understanding that in the future we will be able to file our annual report at the first of each year on line.

Thank you for your understanding and corporate reinstatement of Naples Flooring Gallery.

Best regards,

Carl Ingham President