

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 23 AM 11:55

DOCUMENT # P00000051709

1. Corporation Name

FLORIDA FLOORING & REMODELING INC

2. Principal Office Address - No P.O. Box #

950 S US HIGHWAY 1

Suite, Apt. #, etc.

3. Mailing Office Address

950 S US HIGHWAY 1

Suite, Apt. #, etc.

City & State

MALABAR FL

City & State

MALABAR FL

Zip

32950

Country

BREVARD

Zip

32950

Country

BREVARD

200172905352
03/23/10--01022--004 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 05/26/2000

5. FEI Number

59-3647925

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

ANTHONY BASTONE

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

1855 PLANTATION CIRCLE SE

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32950

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3/18/2010

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
DPS	ANTHONY BASTONE	1855 PLANTATION CIRCLE SE	PALM BAY FL 32950
DT	ANNA BASTONE	1855 PLANTATION CIRCLE SE	PALM BAY FL 32950

B 3/24/10
REINSTATEMENT 08-10

10. E-mail Address:

(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., 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/2010

Daytime Phone #