

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 25 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Alternative Hardwood Flooring, Inc.

2. Principal Office Address

32954 US Hwy 19 N.

Suite, Apt. #, etc.

3. Mailing Office Address

32954 US Hwy 19 N.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34684

Country

USA

City & State

Palm Harbor, FL

Zip

34684

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/2000

5. FEI Number

59 3665766

1 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

David R. Lero

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

345 Country Side Keys Blvd.

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

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

David R. Lero

REGISTERED AGENT MUST SIGN

Date

1/22/02

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
Pres	David R. Lero	345 Country Side Keys Oldsmar, FL 34677	Oldsmar, FL 34677
1/1st Pres	Patty Awad. - Lero	345 Country Side Keys	Oldsmar, FL 34677
			01-02

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

1/22/02

Date

(727) 781-8338

Daytime Phone #

ALTERNATIVE HARDWOOD FLOORING, INC.

32954US HWY 19 N. PALM HARBOR, FL. 34684

PIN. (727) 781-8338 HILS. (813) 610-3570

**Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314**

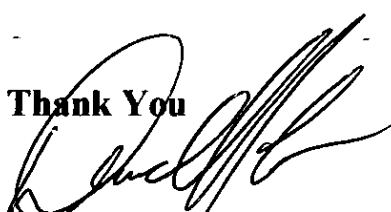
Dear department person.

Due to great error on my behalf last years annual report didn't get processed. Back in June 2000 I incorporated my business with a lawyer how is no longer practicing law. When I didn't receive a copy this of this year report I immediately call my lawyer's office and found out what had happened. Letters were sent to an address which we are no longer at and sent back to the state.

In June 2000 I thought everything was taken care of because of the time of year we filed. I wasn't thinking about the change of address. This is where I have made my error. At this time I would like to make the request that everything be sent to my address at the top.

I am sending this letter with a payment of \$308.75 hopping that everything will be filled out properly. If there are any questions or if I need to fill out more papers please feel free to call any time of day.

Thank You



**David R. Lero
President (I hope)**