

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000075773

1. Corporation Name

HD FLOORING, INC.

Principal Place of Business	Mailing Address
2162 BUFFALO STREET SARASOTA FL 34237	2162 BUFFALO STREET SARASOTA FL 34237

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		4. Date Incorporated or Qualified To Do Business in Florida	
		530 MANGO AVE UNIT 5		08/10/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. FEI Number	
		SARASOTA, FL		65-1032389	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
34237		34237			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSTD	GILBERT, MARTIN	2162 BUFFALO STREET 530 MANGO AVE UNIT # 5	SARASOTA FL 34237
			500004717085--2
			-12/10/01-01098-003
			****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		Name GILBERT MARTIN Street Address (P.O. Box Number is Not Acceptable) 530 MANGO AVE UNIT # 5 Suite, Apt. #, Etc. City SARASOTA State FL Zip Code 34237	

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11-20-01

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-20-01

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 26 PM 3:25



CR2E040 (8/01)

November 20, 2001

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

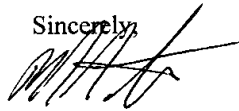
Re: HD Flooring Inc.

Dear Sir or Madam:

I am writing this letter to ask you to abate the late filing penalty. This is the first notice we have received on the renewal. Had we received the notice, I would have sent the \$150.00 in at the renewal time. It appears the other notice was sent to my incorrect address or my registered agent.

Again, please abate the penalty, as this was not paid unintentionally.

Sincerely,

A handwritten signature in black ink, appearing to be "M. H. H.", written over the word "Sincerely,".