

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000077177

1. Corporation Name

FLOORS FOR YOU, INC.

Principal Place of Business

Mailing Address

27836 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

27836 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

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

2783 CAPITAL CIRCLE, N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

City & State
SAME AS #2

Zip
32308

Country
LEON

Zip
Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 10 AM 10:28



500023977145

10/21/08--01087--006 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/2000

5. FEI Number

59-3667525

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BLACKBURN, GLEN A	3200 SHANNON LAKES	TALLAHASSEE FL 32308
VP	MCCUE, MURPHY	3200 SHANNON LAKES	TALLAHASSEE FL 32308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVINE, MARK S
246 VIRGINIA ST.
TALLAHASSEE FL 32301

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

Date

REGISTERED AGENT MUST SIGN

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 #

CR2E040 (7/03)

FLOORS FOR YOU

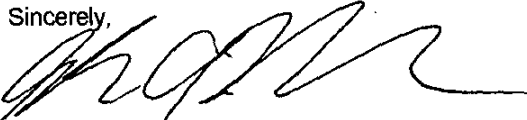
Memo

To: Florida Department of State
From: FLOORS FOR YOU
2783 Capital Circle North Suite C Tallahassee, FL 32308
Date: 10/10/03
Re: Application for Reinstatement

Incorrect Mailing Address

Please be advised that FLOORS FOR YOU, INC application has had the incorrect address information on it and this is the first notice we have received.

Sincerely,



Glen Blackburn