

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 FEB -2 PM 12:32

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000089019

1. Corporation Name

TAGGART FLOOR COVERING INC.  
7220 CODY ST.  
HOLLYWOOD, FL 33024

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

7220 CODY ST

Suite, Apt. #, etc

3. Mailing Office Address

7220 CODY ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

9/18/2000

5. FEI Number

65-0951245

☐ 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

STEPHEN TAGGART

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

7220 CODY ST

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

900191899859  
02/02/11--01003--028 \*\*150.00  
900191899859  
01/19/11--01006--013 \*\*900.00

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

Steve Taggart

Date

REGISTERED AGENT MUST SIGN

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
P	STEVE TAGGART	7220 CODY ST	HOLLYWOOD, FL 33024

TS 2/3/11  
REINSTATEMENT 09-11

10. E-mail Address: WILD DAN CLAN @ AOL.COM

(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:

Steve Taggart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #