

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 14 AM 10:32

DOCUMENT #

1. Corporation Name

Quality Carpets & Flooring Inc.
P00000094681

2. Principal Office Address

14811 NW US 19

Suite, Apt. #, etc.

City & State

Chiefland, FL

Zip

32626

Country

Levy

3. Mailing Office Address

14811 NW US 19

Suite, Apt. #, etc.

City & State

Chiefland, FL

Zip

32626

Country

Levy

4. Date Incorporated or Qualified
To Do Business in Florida

10-5-2000

5. FEI Number

59-3682003

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

Ralph Dale Johnson

200004794142--0

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

14811 NW US 19

Suite, Apt. #, Etc.

-01/24/02--01048--001

***150.00 ***150.00

City

Chiefland

State

FL

Zip Code

32626

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

X Ralph Dale Johnson

REGISTERED AGENT MUST SIGN

Date 12/27/01

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.	Ralph Dale Johnson	14811 NW US 19	Chiefland, FL 32626
V.P.	Lisa A. Johnson	14811 NW US 19	Chiefland, FL 32626

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: X

Ralph Dale Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/01 (352) 490-8323


Date

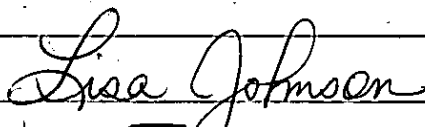
Daytime Phone #

CR2E081 (9/00)

To Whom It May Concern;

Please waive any late fee regarding reinstatement for 2001. Never received form's. Post Office Never delivered

Thank You,

Ralph Dale Johnson
President


LISA Johnson
V. President