

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -9 PM 4: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012243

1. Corporation Name

Contract Flooring Solutions, Inc.

2. Principal Office Address

51 South Pace Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

32501

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3700108

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100028742941

03/03/04--01061--021 **150.00

100028742941

02/13/04--01044--005 **750.00

03-04

7. Name and Address of Current Registered Agent

Name

William M. Sturgen Jr.

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

2253 Country Place Circle

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32534-9501

REINSTATEMENT

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

William M. Sturgen Jr.
REGISTERED AGENT MUST SIGN

Date 01/29/2004

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/S/D	Michael E. Payton	8255 Fordham Drive	Pensacola, FL 32514

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:

Michael E. Payton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/2004 850-432-7000

Date

Daytime Phone #

CR2E081 (10/02)