

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 18 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000034963**

1. Corporation Name

**French's Hardwood Flooring Inc.**

2. Principal Office Address

**203 N. Main St**

Suite, Apt. #, etc.

3. Mailing Office Address

**203 N. Main St.**

Suite, Apt. #, etc.

City & State

**Auburndale FL**

Zip Country  
**33823 Polk**

City & State

**Auburndale FL**

Zip Country  
**33823 Polk**

REINSTATEMENT 02-04

000030720140  
03/18/04--01033--005 \*\*450.00

4. Date Incorporated or Qualified  
To Do Business in Florida

**4-1-2001**

**04-15-00**

5. FEI Number

**59 3706461**

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

**Randy French**

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

**203 N. Main St**

Suite, Apt. #, Etc.

City

**Auburndale FL 33823**

State

**FL**

Zip Code

**33823**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **3-16-04**

**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	Randy H. French	203 N. Main St. Auburndale	Fl. 33823
S	Katherine French	203 N. Main St	Aub. Fl. 33823

10. I certify that I am an officer or director of 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

**3-16-04 863-965-9533**

Daytime Phone #

# **French's**

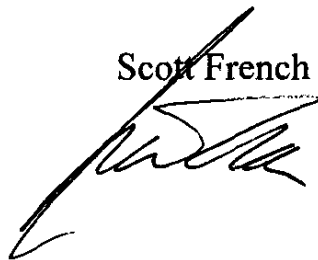
## **Hardwood Flooring Inc.**

203 N. Main st.  
Auburndale, Fl. 33823  
863-965-9555

To whom it may concern;

I as a new business owner was unaware that yearly payments where to be made in order to keep my corporation current. I don't recall receiving any notice in the mail for this payment or it would have been payed. Please accept my apologies in this matter. Please wave the penalty on my account.

Scott French Pres.

A handwritten signature in black ink, appearing to read 'Scott French', is written over the printed name.