

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 DEC 11 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052414

1. Corporation Name

FAMILY FLOORS INC

2. Principal Office Address

5342 GRAND BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

Zip

34652

Country

USA

Zip

Country

REINSTATEMENT 03-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 21, 2001

5. FEI Number

59-3730155

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

DIANA L. KNAPP

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

7946 TANGLEWOOD DR.

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State
FL

Zip Code

34654

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

Diana L. Knapp
REGISTERED AGENT MUST SIGN

Date

12/6/06

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
<u>P</u>	<u>DIANA L. KNAPP</u>	<u>7946 TANGLEWOOD DR</u>	<u>N.P.R. FL 34654</u>
<u>S</u>	<u>DIANA L. KNAPP</u>	<u>7946 TANGLEWOOD DR</u>	<u>N.P.R. FL 34654</u>
<u>D</u>	<u>DIANA L. KNAPP</u>	<u>7946 TANGLEWOOD DR</u>	<u>N.P.R. FL 34654</u>

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 contained in Chapter 119, 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:

Diana L. Knapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/6/06

Daytime Phone #

727 842-5988

12/11
aw