

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State<sup>1</sup>

DIVISION OF CORPORATIONS

DOCUMENT # P01000109803

W 04 00000 3473

1. Corporation Name

STRONG FLOORING, INC.

Principal Place of Business

12067 Spring Ridge Dr.

4676 CHESAPEAKE LN.

JACKSONVILLE FL 32257

32258

Mailing Address

4676 CHESAPEAKE LN.

JACKSONVILLE FL 32257

32258

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12067 Spring Ridge Dr.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12067 Spring Ridge Dr.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32258

Country

USA

Zip

32258

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/2001

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STRONG, JEROME R JR	4676 CHESAPEAKE LN. see above	JACKSONVILLE FL 32257 32258
D	STRONG, DONNA E	4676 CHESAPEAKE LN. see above	JACKSONVILLE FL 32257 32258
			800027634748 03/26/04--01097--024 ***300.00
			800027634748 01/27/04--01007--006 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STRONG, JEROME R JR

4676 CHESAPEAKE LN. 12067 Spring Ridge Dr

JACKSONVILLE FL 32257 32258

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Jerome Strong*  
REGISTERED AGENT MUST SIGN

Date

1/15/03

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 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:

*Jerome Strong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/03 904-292-9773

FILED

04 MAR 23 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-04

CR20040 (8-02)