

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000115189

1. Corporation Name

INTERFLOORS INTERNATIONAL, INC.

Principal Place of Business

324 HARVARD LN.  
NAPLES FL 34104

Mailing Address

324 HARVARD LN.  
NAPLES FL 34104

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/03/2001

5. FEI Number

65-0875352

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
P.	STEVEN W. COLE	324 HARVARD LN	NAPLES FL 34104
	S.C.		

8. Name and Address of Current Registered Agent

HIRSCH, DAVID K  
175 W. CAMINO REAL  
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

STEVEN W. COLE

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

324 HARVARD LN

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

5 NOV 02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5 NOV 02 2394044107

CR20040 (8/02)

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**Interfloors International, Inc.**

3573 Enterprise Ave. #84

Naples, FL 34104

Ph: (239) 404-4107

Fax: (239) 304-1163

To Whom It May Concern:

I would like to inform you I did not receive the two U.B.R. notices. Therefore, I have enclosed a cashier's check for \$150.00 for my profit corporation, and also \$8.75 for a certificate of status. Totaling \$158.75.

Thank you very much for your cooperation in this matter.

Yours truly,

Steve W. Cole  
President/Registered Agent