

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000120038**

1. Corporation Name

**FLOORTEK INC.
2903 BIG SKY BL.
KISSIMMEE, FLA. 34744**

2. Principal Office Address - No P.O. Box #

2903 Big Sky Bl

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Kissimmee, Fla.

City & State

Zip

34744

Country

Osceola

Zip

Country

REINSTATEMENT 10-11

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0576518

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

Andrew M Niedenthal

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

Suite, Apt. #, Etc.

Same

City

State

FL

Zip Code

**800205460268
04/28/11--01045--021 **750.00**

**800205460268
04/28/11--01045--022 **150.00**

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

4/25/11

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
	Same		
Pres	Andrew M Niedenthal	2903 Big Sky Bl.	Kissimmee, Fla. 34744

10. E-mail Address: **Floortek andy @ gmail . com**

(To be used for future annual report notification)

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. I further certify, 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]

Andrew M Niedenthal

Date

4/25/11

Daytime Phone #

407-343-5995