

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -9 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 202000006768

1. Corporation Name

Osborne Floor Covering Inc.

2. Principal Office Address

9304 Sunset Dr.

3. Mailing Office Address

10741 Guthrie Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Thonotassassa FL

Zip

33610

Country

USA

Zip

33592

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/22/2002

5. FEI Number

☒ 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

Kenneth Osborne

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

10741 Guthrie Lane

Suite, Apt. #, Etc.

City

Thonotassassa

State

FL

Zip Code

33592

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

REGISTERED AGENT MUST SIGN

Date 03/02/2005

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/7/4/4/7/4	Osborne, Kenneth	10741 Guthrie Ln.	THONOTASSASSA, FL. 33592

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 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:

Kenneth Osborne

03/02/2005

(813)598-4162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

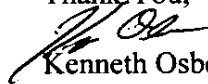
CR2E001 (01/06)

Osborne Floor Covering Inc.
9304 SunSet Dr.
Tampa, Fl 33610

To whom it may concern:

I, Kenneth Osborne , am requesting a waiver of reinstatement fee's.
The basis for this request is that I am a first time business owner, and did
Not know that there was an annual report to be filed.
I have never received an annual Business Report, nor have I received no
Letters stating that my company was in danger of becoming inactive,
or the closing of my business. I am asking for the reinstatement fee to be
waived , because I simply did not know about the form or fee's.

Thank You,



Kenneth Osborne
President
Osborne floor covering Inc.