

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 25 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P020000 19279

1. Corporation Name

J + T Floor Covering, Inc.

JAMES E. WEAVER

2. Principal Office Address

401 Mistletoe

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Monticello FLA

City & State

Monticello FLA

Zip

32344

Country

USA

Zip

32344

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2-20-2002

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

JAMES E. WEAVER

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

401 Mistletoe

Suite, Apt. #, Etc.

City

Monticello FLA

State

FL

Zip Code

32344

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

JAMES E. WEAVER

Date

REGISTERED AGENT MUST SIGN

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
Pres	JAMES E. WEAVER	401 Mistletoe	Mont. FLA 32344
Vice	TERRY WEAVER	401 Mistletoe	Monticello FLA.

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11/12/04--01058--017 \*\*300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-2004

MW

Did not receive a annual Report  
for 2003 because of address  
change for T & T Floor coverings Inc.

James  
Weaver