

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000029677

1. Entity Name  
B & M CARPET INSTALLATION, INC.



FILED

06 OCT 19 AM 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1427 SW 3RD TER  
CAPE CORAL, FL 33991

Mailing Address  
1427 SW 3RD TER  
CAPE CORAL, FL 33991

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10162006 REIN-P CR2E098 (11/05)

4. FEI Number  
01-0623689

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LINDSAY, MICHAEL D PRES  
1427 SW 3RD TER  
CAPE CORAL, FL 33991

## 7. Name and Address of New Registered Agent

Name

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

REINSTATEMENT

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Mike Lindsay*

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME LINDSAY, MICHAEL  
STREET ADDRESS 1427 SW 3RD TER  
CITY-ST-ZIP CAPE CORAL, FL 33991 ☐ Delete

TITLE VP  
NAME DAVIS, JOSHUA  
STREET ADDRESS 1427 SW 3RD TERR  
CITY-ST-ZIP CAPE CORAL, FL 33991 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Managing Director  
NAME Casey Gley  
STREET ADDRESS 4121 ~~W~~ Residence Dr Apt 317  
CITY-ST-ZIP Ft. Myers FL 33901 ☐ Change ☒ Addition

TITLE Vice President  
NAME Joshua Davis  
STREET ADDRESS 1292 ~~Batmar~~ Blvd. Unit B  
CITY-ST-ZIP North Fort Myers FL 33903 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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10/19/06--01033--023 \*\*158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mike Lindsay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

jc 10/27