PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -7 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

DOCUMENT # **P02000045619**

1. Corporation Name

HOWARD YOUNG FLOORING, INC.

Principal Place of Business	Mailing Address
~~8024 TWIN LAKE DRIVE~~	~~8024 TWIN LAKE DRIVE~~
MILTON FL 32583	MILTON FL 32583

400030943294
03/23/04--01097--003 **750.00

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3009 AVALON BLVD.	3009 AVALON BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MILTON, FL	City & State: MILTON, FL
Zip: 32583 Country: SANTA ROSA	Zip: 32583 Country: SANTA ROSA

4. Date Incorporated or Qualified To Do Business in Florida: 04/22/2002

5. FEI Number: 47-0859572 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRESIDENT	GEORGE HOWARD YOUNG, JR.	8024 TWIN LAKE DR.	MILTON, FL 32583
VICE PRESIDENT	MARY ALLEN YOUNG	8024 TWIN LAKE DR.	MILTON, FL 32583
		400030943294 03/23/04--01097--004 **8.75	
		400030943294 04/06/04--01065--001 **141.25	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
YOUNG, MARY A 8024 TWIN LAKE DRIVE MILTON FL 32583	Name Street Address (P.O. Box Number is Not Acceptable) ~~Suite, Apt. #, Etc.~~ City / State: FL / Zip Code

CR2E040 (7/03)

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: Mary Allen Young Date: 3/15/04
REGISTERED AGENT MUST SIGN

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: Mary Allen Young / MARY ALLEN YOUNG 3/15/04 (850) 626-8523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #