

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -8 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000046906

1. Corporation Name

GREAT LAKES FLOORING, INC.

700028408447
03/08/04--01050--002 **150.00

700028408447
02/09/04--01035--027 **758.75

REINSTATEMENT 03-04

2. Principal Office Address
1717 E Busch Blvd.

3. Mailing Office Address
1717 E Busch Blvd.

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
1003

City & State
Tampa, fl

City & State
Tampa, Fl

Zip Country
33612 USA

Zip Country
33612 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 4/02

5. FEI Number
32-0012890

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
Thomas J. Horning

Street Address (P.O. Box Number is Not Acceptable)
4207 Winding Moss Trail

Suite, Apt. #, Etc.
J 207

City
Tampa

State Zip Code
FL 33613

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 2/3/04

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	Thomas J. Horning	4207 Winding Moss Trail	Tampa, Fl 33613
V	Allen J. Geiger	4207 Winding Moss Trail	Tampa, Fl 33613
V	Anthony W. Horning	13802 N 42nd st	Tampa, Fl 33613
V	Paul W. Souslin	3202 Colwell Ave.	Tampa, Fl 33615

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

2/3/04

Date

813-545-6353

Daytime Phone #

CR2E081 (01/04)