

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG -7 PM 4:35

DOCUMENT # P02000048432

**1. Corporation Name**

HARRINSON FLOORING, INC.  
P.O. BOX 522592  
MARATHON STORES, FL 33052-2592

**2. Principal Office Address**

100 AVENUE I, COCO PLUM PO BOX 522592  
Suite, Apt. #, etc.

**City & State**

MARATHON

**Zip**

33050

**Country**

USA

**3. Mailing Office Address**

PO BOX 522592  
Suite, Apt. #, etc.

**City & State**

MARATHON STORES, FL

**Zip**

33050

**Country**

USA

REINSTATEMENT 03-06

CR2E081 (12/05)

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

**5. FEI Number**

81-0549823

**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 D. WRIGHT

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

9711 OVERSEAS HWY

**Suite, Apt. #, Etc.**

**City**

MARATHON

**State**

FL

**Zip Code**

33050

**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

**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	GARY W. HARRINSON	100 AVENUE I, COCO PLUM MARATHON, FL 33050	

**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 contained in Chapter 119, 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:

*Gary Harrison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY HARRINSON PRES 8/3/06

Date

305-743-6854

Daytime Phone #

2042

**Bishop, Rosasco & Company**  
Certified Public Accountants

**Dennis M. Bishop, CPA**  
**Peter Rosasco, CPA**

Rita Couch, CPA    Michael Val Hietter, CPA    Donna Hoffman, CPA    Theo Pratt, CPA

August 3, 2006

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Re: Harbinson Flooring, Inc.  
Doc #P02000048432

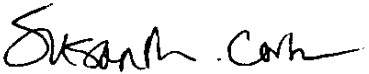
Dear Ladies/Gentlemen,

We are remitting our reinstatement form along with a payment of \$600.00. We recently became aware that our corporation was administratively dissolved in 2003. We had never received the notification card or UBR form in the mail to complete and remit.

Thank you in advance for your cooperation in this matter.

Very truly yours,

BISHOP, ROSASCO & COMPANY

  
Susan M. Corbin  
Accountant

encl.