

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P02000075193

**1. Corporation Name**

TROPICS FLOOR COVERING, INC.

**2. Principal Office Address - No P.O. Box #**

798 SW SARDINIA AVENUE

Suite, Apt. #, etc.

**3. Mailing Office Address**

798 SW SARDINIA AVENUE

Suite, Apt. #, etc.

**City & State**

PORT ST. LUCIE, FLORIDA

Zip  
34953

Country  
U.S.A.

**City & State**

PORT ST. LUCIE, FLORIDA

Zip  
34953

Country  
U.S.A.

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

JULY 9, 2002

**5. FEI Number**

54-2063431

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**

LENNIS S. McLEAN

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

798 SW SARDINIA AVENUE

Suite, Apt. #, Etc.

**City**

PORT ST. LUCIE

**State**

FL

**Zip Code**

34953

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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 January 17, 2007

**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
PD	LENNIS S. McLEAN	798 SW SARDINIA AVENUE	PORT ST. LUCIE, FL 34953
STD	ERICA E. McLEAN	798 SW SARDINIA AVENUE	PORT ST. LUCIE, FL 34953

**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:**

LENNIS S. McLEAN, PRESIDENT

01/17/2007 (954) 931-0758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 JAN 29 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400087357444  
02/05/07--01010--025 \*\*600.00

REINSTATEMENT

04-07

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