

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

03 DEC -8 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000078299

1. Corporation Name

E & D FLOORING, INC.

REINSTATEMENT 03



800025307588
12/08/03--01013--013 **758.75

Principal Place of Business

Mailing Address

1319 N.W. 7TH STREET
BOYNTON BEACH FL 33426

1319 N.W. 7TH STREET
BOYNTON BEACH FL 33426

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

2. New Principal Office Address, If Applicable

1596 PRIMROSE LANE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1596 PRIMROSE LANE

Suite, Apt. #, etc.

City & State
WELLINGTON, FL

Zip
33414

Country

City & State
WELLINGTON, FL

Zip
33414

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2002

5. FEI Number

74-3053598

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LEATHERBARROW, EDWARD	1319 N.W. 7TH STREET	BOYNTON BEACH FL 33426
		1596 PRIMROSE LANE	WELLINGTON, FL 33414

8. Name and Address of Current Registered Agent

BADACH, FRANK J
568 YAMATO ROAD STE. 200
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

EDWARD LEATHERBARROW

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

1596 PRIMROSE LANE

Suite, Apt. #, Etc.

City

WELLINGTON FL

State

FL

Zip Code

33414

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/30/03

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:

[Signature]

EDWARD SAMUEL LEATHERBARROW

11/30/03

561 719 6229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)