

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 11 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO20000091869

1. Corporation Name

SW Floor Covering, INC

2. Principal Office Address

1313 NW 42nd ave

Suite, Apt. #, etc.

3. Mailing Office Address

1313 NW 42nd ave

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

33993

Country

USA

Zip

33993

Country

USA

REINSTATEMENT 05-07

CR2E081 (12/05)

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

8/23/02

5. FEI Number

11-3649455

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

Randy Yelvington

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

1313 NW 42nd ave

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33993

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/9/07

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
Pres	<u>Randy Yelvington</u>	<u>1313 NW 42nd ave</u>	<u>Cape Coral, FL 33993</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/07

239-229-3479

2 1/17

To whom it may concern,

I had moved three different times in the last year or so and never received a renewal form *for 2005* in the mail. Can you please wave the reinstatement fee? I have enclosed a check for the amount of \$450.00 along with my corporation reinstatement form. I appreciate your understanding in this matter and I will not let it happen again.

Thank you,

Randy Yelvington

*As per telephone conversation with
Randy Yelvington on 1/17/2007.*