

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000103109

1. Corporation Name

Boone Flooring, Inc.

2. Principal Office Address

2055 Emerson St.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

City & State

Zip

32207

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 9/25/02

5. FEI Number

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

Randall Cooper, Jr.

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

1736 Davidson Street

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32207

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**

Randall Cooper
REGISTERED AGENT MUST SIGN

Date 3/19/04

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
M	Eddie Beverly	6330 Sundown Drive	Jacksonville, Fl. 32244
PTS	Randall Cooper, Jr.	1736 Davidson Street	Jacksonville, Fl. 32207

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:

Randall Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04 (904) 384-1159

Date

Daytime Phone #

FILED

04 MAR 23 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

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