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 OCT 22 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000117733**

1. Corporation Name

KAMPMANN HARDWOOD FLOORS, INC.

Principal Place of Business	Mailing Address
900 SPARROW AVENUE PALM HARBOR FL 34683	900 SPARROW AVENUE PALM HARBOR FL 34683

REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/31/2002

5. FEI Number: 04-3737008 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	KAMPMANN, GREG	900 SPARROW AVENUE	PALM HARBOR FL 34683
VTD	KAMPMANN, KALI S	900 SPARROW AVENUE	PALM HARBOR FL 34683

$10/28

700024023807
10/22/03--01064--017 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ORSATTI, CHAD T ESQ. 3204 ALTERNATE 19 NORTH PALM HARBOR FL 34683	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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] Date: 10/20/03
REGISTERED AGENT MUST SIGN

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] 10-10-03 727-781-0415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kampmann Hardwood Floors, Inc
900 Sparrow Ave.
Palm Harbor, FL 34683

October 10, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Application For Reinstatement

To Whom It May Concern:

I writing to you in regards to a notice we received stating our corporation has been revoked of its authority to transact business in the state of Florida due to our failure to file its 2003 corporation annual report/uniform business report form.

This is the first year we have been a corporation and these filings are new to us. I admit it is our failure to understand these filings that are required of us. However, we never received the previous UBR notices your letter states you sent. We apologize for our failure to file these forms and will see to it that they are filed in a timely fashion from now on.

We would greatly appreciate a reinstatement of our corporation as soon as possible. We have enclosed the Application for Reinstatement and a check in the amount of $150.00. Thank you for your time in this matter.

Sincerely,

Gregory M. Kampmann
President

Kafi S. Kampmann
Vice-President

Encls.