

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000129694

1. Entity Name
PROFESSIONAL FLOORING SOURCE, INC.



FILED

06 DEC -4 AM 10: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8200 LAKE ROSS LANE
SANFORD, FL 32771

Mailing Address
8200 LAKE ROSS LANE
SANFORD, FL 32771

2. Principal Place of Business

8200 LAKE ROSS LANE

3. Mailing Address

Suite, Apt. #, etc.

11222006

REIN-P

CR2E098 (11/05)

06

City & State

SANFORD, FLA

City & State

4. FEI Number

02-0661353

Applied For

Not Applicable

Zip

32771

Country

SEMINOLE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOISEL, ROBERT W
8200 LAKE ROSS LANE
SANFORD, FL 32771

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/27/06

FILE NOW!!! FEE IS \$750.00

After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LOISEL, ROBERT W SR
STREET ADDRESS 8200 LAKE ROSS LANE
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Change ☐ Addition
NAME 8000822178
STREET ADDRESS 12/02/06--01001--008
CITY-ST-ZIP **150.00

TITLE D ☐ Delete
NAME LOISEL, LYNNE
STREET ADDRESS 8200 LAKE ROSS LANE
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Change ☐ Addition
NAME 800082217178
STREET ADDRESS 12/04/06--01010--008
CITY-ST-ZIP **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/27/06 407 620-9414

11/9/06

To Whom it May Concern:

I received a few weeks ago a notice of dissolution or revocation on my company, Professional Planning Service. I was shocked to say the least for it was the first time I've heard from your office all year. I sent the notice to my C.P.A. with a request, what's this all about? He has responded that just like last year your office failed to send my company a notice to pay the \$150.00 fee just after the first of the year.

I'm not sure why two years in a row this has happened but with out a notice I can't pay the fee. Please accept my check for \$150.00. It's not my fault your office two years in a row now have failed to send me a bill.

Respectfully,
Robert Lewis Sr.
President - Professional Planning Service.