

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 12 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000134025

1. Corporation Name

DAVID SMAIL FLOOR COVERING, INC.

REINSTATEMENT 03



200024717512
11/14/03--01078--017 **150.00

Principal Place of Business

Mailing Address

1050 MICHIGAN AVENUE
GROVELAND FL 34736

1050 MICHIGAN AVENUE
GROVELAND FL 34736

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

81-0588513

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 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
DPV	SMAIL, DAVID	1050 MICHIGAN AVENUE	GROVELAND FL 34736
DST	SMAIL, MICHELLE	1050 MICHIGAN AVENUE	GROVELAND FL 34736

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMAIL, DAVID
1050 MICHIGAN AVENUE
GROVELAND FL 34736

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



Assured Accounting Concepts, Inc.

240 Mohawk Road
Clermont, Florida 34711
352-394-4048
Fax 352-394-3272

119 W. Lemon Street
Lady Lake, Florida 32159
352-753-1337
Fax 352-753-9336

December 10, 2003

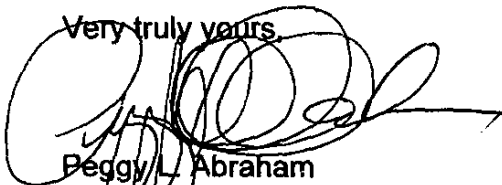
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: David Smail Floor Covering, Inc.
81-0588513

Dear Sir or Madam:

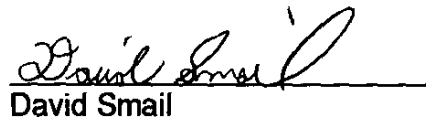
As stated in our original letter Mr. Smail did not realize that the Uniform Business Report would be due so soon after his incorporation, but he also believes he never received the notices that the report was due. As this would create a financial burden for this small corporation we hope that the penalties are abated.

Very truly yours,



Peggy L. Abraham

PLA/mm
Encs.


David Smail