

Never recieved pre-printed Form. I was told to mail this form with the annual Reporting Fee for the year 2003.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 23 AM 8:00

DOCUMENT # P02000135612

1. Corporation Name

Beyon' Floors, Inc.

300025733243
12/23/03--01051--009 **150.00

2. Principal Office Address

711 Tropical Avenue

Suite, Apt. #, etc.

City & State

Chuluota, FL

Zip

32766

Country

US

3. Mailing Office Address

711 Tropical Avenue

Suite, Apt. #, etc.

City & State

Chuluota, FL

Zip

32766

Country

US

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/02

5. FEI Number

74-3030713

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

Le Clair, Robert

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

711 Tropical Avenue

Suite, Apt. #, Etc.

City

Chuluota

State

FL

Zip Code

32766

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

Robert Le Clair

Date

REGISTERED AGENT MUST SIGN

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
P, S, T	Le Clair, Robert	711 Tropical Avenue	Chuluota, FL 32766

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:

Robert Le Clair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(321) 689-9253