

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

10/2

DOCUMENT # P03000015735

1. Entity Name
CONTRACT FLOORING INSTALLERS INC.



04 NOV 25 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1313 NW 65PLACE
FT LAUDERDALE, FL 33309**

Mailing Address
**1313 NW 65PLACE
FT LAUDERDALE, FL 33309**

REINSTATEMENT 04



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10132004 REIN-P CR2E098 (6/04)

4. FEI Number **65 0708037**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BRYANT, FERN
1313 NW 65PLACE
FT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, FERN 1313 NW 65PLACE FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100043127491 12/02/04-01035-001 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Fern Bryant** **Fern Bryant** 11/3/04 954-970-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Annual Report, Document: P03000015735

Gentlemen:

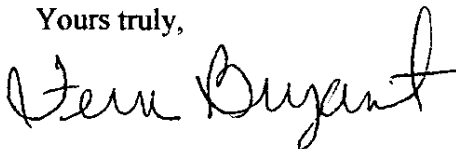
We are writing to inquire as to our annual report. We have yet to receive our annual reports to fill out and return. Because it is October, we quite concerned that you may have gotten our mail mixed up with some other file.

We are enclosing our check for the annual fee of \$150.00.

Please do not dissolve this corporation.

Thank you for your cooperation.

Yours truly,



Fern Bryant
Contract Flooring Installers, Inc.

Enc: 1