

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUL 18 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000061942**

1. Corporation Name

FLORIDA FLOOR.COM

REINSTATEMENT **04-06**

2. Principal Office Address

3534 HERITAGE LANE

Suite, Apt. #, etc.

City & State

FORT MYERS FL.

Zip

33908

Country

USA

3. Mailing Office Address

3534 HERITAGE LANE

Suite, Apt. #, etc.

City & State

FORT MYERS FL.

Zip

33908

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/03

5. FEI Number

☒ 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

ROBERT N. WALSH

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

3534 HERITAGE LANE

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33908

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 N. Walsh

Date

7/17/06

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/ D	ROBERT N. WALSH	3534 HERITAGE LANE FORT MYERS	FORT MYERS 33908

200078213312
08/01/06--01029--007 **1050.00

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 contained in Chapter 119, 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 N. Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/17/06

Daytime Phone #

(239) 267-2952