

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000117952 1. Entity Name COOK'S FLOORING & WALLS, INC.				 <div style="text-align: right; margin-top: 10px;"> FILED 07 APR -4 PM 12: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1809 MICCOSUKEE COMMONS DR. SUITE 108 TALLAHASSEE, FL 32308 US		Mailing Address 1809 MICCOSUKEE COMMONS DR. SUITE 108 TALLAHASSEE, FL 32308 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0324628	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLOVER, RICHARD A 1809 MICCOSUKEE COMMONS DR. SUITE 108 TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$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 COOK, RICHARD R 9065 OLD CHEMONIE RD TALLAHASSEE, FL 32309	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right; margin-top: 10px;"> 100096370251 04/10/07--01045--004 **300.00 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, RANDALL R 1135 BRAFFORTON DR TALLAHASSEE, FL 32311	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right; margin-top: 10px;"> Cook, Randall R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 251 State Drive Tallahassee, FL 32312 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			

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: *Randall R. Cook* Randall R. Cook

APR 11th 2007
Date

Daytime Phone #