PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 MAR 26 AM 11:59
SEC. OF STATE
TALLAHASSEE, FL

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03/26/19--01003--022 **1235.00

CR2E081 (11/10)

DOCUMENT # P03000119283

1. Corporation Name

AMERICAN FLOORING, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4872 123rd TRAIL NORTH	4872 123rd TRAIL NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROYAL PALM BEACH	City & State: ROYAL PALM BEACH
Zip: 33411 Country: USA	Zip: 33411 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/24/2003

5. FEI Number: 52-2407597 — 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: NIKOLAS R DENHAM

Street Address (P.O. Box Number is Not Acceptable): 8885 OKKECHOBEE BLVD

Suite, Apt. #, Etc.: 102

City: WEST PALM BEACH State: FL Zip Code: 33411

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: _____ Date: 03/20/2019

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
PRES	NIKOLAS R DENHAM	8885 OKEECHOBEE BLVD APT 102	WEST PALM BEACH FL 33411
DPT	ARTHUR D DENHAM	4872 123rd TRAIL NORTH	ROYAL PALM BEACH FL 33411
	C. GOLDEN	REINSTATEMENT	
	APR - 6 2019		
	2017 - 2019		

10. E-mail Address: NIKKA561@GMAIL.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ 03/20/2019 561-317-4926

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