

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO3000131232

1. Corporation Name

**Small Time Floorcovering,**

2. Principal Office Address - No P.O. Box #  
**120 SHILOH ROAD**

3. Mailing Office Address  
**120 SHILOH ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MELROSE**

City & State  
**MELROSE**

Zip  
**FL**

Country  
**PUTMAN**

Zip  
**FL**

Country  
**PUTMAN**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2003**

5. FEI Number  
**200937225**

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  
**DONNA MASTERS**

Street Address (P.O. Box Number is Not Acceptable)  
**120 SHILOH ROAD**

Suite, Apt. #, Etc.

City  
**MELROSE**

State  
**FL**

Zip Code  
**32666**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Donna Masters*

REGISTERED AGENT MUST SIGN

Date **9-7-2007**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | NEAL MASTERS                         | 120 SHILOH ROAD                                   | MELROSE, FL, 32666 |
| VP     | DONNA MASTERS                        | 120 SHILOH ROAD                                   | MELROSE, FL, 32666 |
| O      | WILLIAM LYNN                         | 120 SHILOH ROAD                                   | MELROSE, FL, 32666 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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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:

*Donna Masters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/7/2007**

Date

**352 258 2980**  
**352 475 2460**

Daytime Phone #

**SMALL TIME FLOORCOVERING, INC  
NEAL AND DONNA MASTERS**

120 SHILOH ROAD  
MELROSE, FL. 32666  
352-475-2460- OFFICE  
352-475-2262- FAX

SMALLTIMEFLOOR@HOTMAIL.COM

September 7, 2007

TO WHOM IT MAY CONCERN,

I AM ASKING FOR THE REINSTATEMENT FEE TO BE WAIVED DUE TO THE FACT WE DID NOT RECEIVE THE ANNUAL REPORT NOTICES IN THE YEAR OF OUR DISSOLUTION/REVOCATION. WE WERE NOT IN THE STATE OF FLORIDA WORKING AT THAT TIME PERIOD. WE HAD RELOCATED TO OHIO FOR A SHORT TIME. PLEASE CONSIDER WAIVING THE FEE.

THANK YOU,

  
DONNA MASTERS