

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 DEC 26 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000134038

1. Corporation Name

Builders Floor Covering, Inc.

REINSTATEMENT

2. Principal Office Address

4008 Kingsfield Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parrish, FL

City & State

Zip

34219

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-18-2003

5. FEI Number

20-0399022

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 Colonna

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

4008 Kingsfield Dr.

Suite, Apt. #, Etc.

City

Parrish

State

FL

Zip Code

34219

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

[Signature]

Date

12/20/06

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	Robert N. Colonna	4008 Kingsfield Dr.	Parrish, FL 34219
	Please Delete VP - John Halford from the Corporation.		

200082777357
12/20/06--01041--022 **\$800.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/06

Daytime Phone #

242
December 19, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Builders Floor Covering, Inc.
Doc #P03000134038

To Whom It May Concern:

Please find enclosed a signed Corporation Reinstatement form and a check in the amount of \$600.00. I am asking that you waive the reinstatement fees associated with the above Corporation due to the fact that I, the President of the Corporation, was going through a break up at the time and my girlfriend was shredding all my mail. I moved various times before the situation was resolved. Just recently I had discovered that my Corporation was never renewed and acted on it promptly. (2004)

Therefore, I am enclosing a check for \$600.00 to cover the years of 2004, 2005, 2006 and the upcoming year of 2007. Please advise to your acknowledgement.

Thank you for your consideration in this matter.

Sincerely,

Robert N. Colonna

