

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000137773**

1. Corporation Name

Colin STEVENS FLOOR COVERINGS, INC.

2. Principal Office Address - No P.O. Box #

12219 Spottswood DR

Suite, Apt. #, etc.

Riverview FLA

City & State

Zip

33569

Country

USA

3. Mailing Office Address

12219 Spottswood DR

Suite, Apt. #, etc.

City & State

Riverview FL

Zip

33569

Country

USA

REINSTATEMENT

06-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-21-2003

5. FEI Number

90-0122364

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

Colin E. Stevens

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

12219 Spottswood DR

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

☒ 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

Colin E Stevens

Date **3-23-2007**

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 |
|----------|--------------------------------------|---|---------------------------|
| D | Colin E. Stevens | 12219 Spottswood DR | Riverview FL 33569 |
| | | | |
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| | | | |
| | | | |

200096008242
04/08/07--01047--012 **300.00

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:

Colin E Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

323-2007 813 741-0449

Date

Daytime Phone #