PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 MAY 16 AM 9 17
DOCUMENT # PO 3000 149 7 3 2 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORDA
Frank's Flooring Installation Inc.		
2. Principal Office Address 4909 USL HVY. N., Suite, Apt. #, etc.	3. Mailing Office Address 4765 Kumqua+5+. Suite, Apt. #, etc.	05/31/05-01021-016 **450.00 CR2E081 (12/05)
City & State	City & State	To Do Business in Florida
Cocoa FL.	Cocoa FL.	5. FEI Number Applied For X Not Applicable
32926 Country U.S.	32926 Country U.S.	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Frank Cryn Street Address (P.O. Box Number is Not Acceptable) 47 C5 Kumqua+ S+. Suite, Apt. #, Etc.		
city Cocoa		State Zip Code 32926
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		
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 Eacl Officer and/or Directo	
P/S Frank Gryn	. dr. 4765 Kung	rual St. Cocca FL, 32926
V Guy Marsh	1411 Glenn Eag	les Way Rockledge Fl. 32955 B 5/24/01
	REPORTA	BEIL DU-do
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 filling 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: Date Daytime Phone #		

To Whom it May Concern,

I am mailing in my reinstatement application with a check for \$450. I was told by your office that since I didn't receive any notification of disillusion I can waive the \$600 penalty. I also was told that I can put my name in place of the registering agent. If there are any problems please feel free to call me at 321-749-5644. Thanks

Frank Gryn