

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT 29 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000150945

1. Corporation Name

McIver Hardwood Floor Installation, INC.

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

418 Ace High Stables Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

418 Ace High Stables Rd.

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Crawfordville FL

Zip

32327

Country

USA

Zip

32327

Country

USA

CR2E081 (6/10)

09-10

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/2003

5. FEI Number

20-0530211

☐ 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

Clifton McIver

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

418 Ace High Stables Rd.

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

REINSTATEMENT

400187212054
10/29/10--01003--001 **900.00

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

Clifton A. McIver

Date 10/28/10

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	Clifton A. McIver	418 Ace High Stables Rd.	Crawfordville, FL 32327
VP	James McIver Jr.	474 Ace High Stables Rd.	Crawfordville, FL 32327

10. E-mail Address:

C.McIver@EmbargoMail.COM

(To be used for future annual report notification)

11. 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. 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.

SIGNATURE:

Clifton A. McIver

Clifton A. McIver

10/28/10

(850) 597-5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

McIver OCT 29 2010