

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL -2 AM 11:18

DOCUMENT # P03000154217

1. Entity Name  
FINE QUALITY FLOORING, INC.



Principal Place of Business  
5800 GASPARILLA ROAD  
BLDG G  
BOCA GRANDE, FL 33921

Mailing Address  
5800 GASPARILLA ROAD  
BLDG G  
BOCA GRANDE, FL 33921

REINSTATEMENT

06-07



2. Principal Place of Business - No P.O. Box #  
5800 Gasparilla Road

3. Mailing Address  
5800 Gasparilla Road

Suite, Apt. #, etc.  
Bldg G

Suite Apt # etc.  
Bldg G

02062007 REIN-P CR2E098 (1/07)

City & State  
Boca Grande, Florida

City & State  
Boca Grande, Florida

4. FEI Number  
20-0514689

Applied For  
Not Applicable

Zip  
33921

Country  
United States

Zip  
33921

Country  
United States

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNER, DAVID  
5800 GASPARILLA ROAD  
BLDG G  
BOCA GRANDE, FL 33921

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME BENNER, DAVID  
STREET ADDRESS 5800 GASPARILLA ROAD, BLDG G  
CITY - ST - ZIP BOCA GRANDE, FL 33921

TITLE ☐ Change ☐ Addition  
NAME **900105164839**  
STREET ADDRESS **07/02/07--01068--017**  
CITY - ST - ZIP **\*\*300.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/07

944-270  
0443

Date

Daytime Phone #