

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -3 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
FEE NUMBER 20-0520440
APPLIED FOR: ☐ \$8.75 Additional Fee Required

DOCUMENT # P03000155364

1. Entity Name
MANN FLOORING, INC.

Principal Place of Business
**1120 BOSTON AVE
FORT PIERCE, FL 34950 US**

Mailing Address
**1120 BOSTON AVE
FORT PIERCE, FL 34950 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

6. Name and Address of Current Registered Agent
**ACCESS ACCOUNTING INC
432 SW LAKEHURST DR
PORT SAINT LUCIE, FL 34983-2825**

7. Name and Address of New Registered Agent
Name **ROXANN MANN G.A.**
Street Address (P.O. Box Number is Not Acceptable)
123 S. 11th ST.
City **FT. PIERCE** FL Zip Code **34950**

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 **Roxann Mann G.A.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP	DIR MANN, CHESTER B 1120 BOSTON AVE FORT PIERCE, FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70004243559 11/03/04--01025--025 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Chester Mann**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #