

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000155460

1. Entity Name
CONRAD FLOOR COVERING, INC.



Principal Place of Business
68 OAKLAND HILLS
ROTONDA WEST, FL 33947

Mailing Address
68 OAKLAND HILLS
ROTONDA WEST, FL 33947

2. Principal Place of Business
68 Oakland Hills Ct
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Rotonda West FL
Zip 33947 Country Charlotte

City & State
Zip
Country

10082004 REIN-P CR2E098 (6/04)

4. FEI Number
043781768

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

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 \$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

TITLE PSTD
NAME TURZYN, EDWARD
STREET ADDRESS 68 OAKLAND HILLS
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700042157897
10/25/04--01060--027 **150.00

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STREET ADDRESS
CITY-ST-ZIP

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:

Edward Turczyn Edward Turczyn

Date

Daytime Phone #

10-14-04 941 6981991