

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2005 OCT 27 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/27/05--01025--005 **300.00

REINSTATEMENT 04-05

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000155657

1. Corporation Name

William Childs Flooring, Inc
461 Sunset Drive
Englewood, FL 34223

2. Principal Office Address

461 Sunset DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Zip

34223

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/03

5. FEI Number

52-2422117

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

William Childs

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

461 Sunset Drive

Suite, Apt. #, Etc.

City

Englewood

State

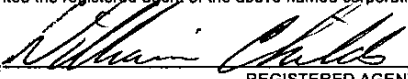
FL

Zip Code

34223

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



Date

10/25/05

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, S-	WILLIAM CHILDS	461 Sunset Drive	Englewood, FL 34223

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 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-05 941/234-7735

10/31

212

MARK H. KNAUF, PA
Certified Public Accountant
2230 S McCall Road, Suite A - Englewood, Fl. 34223
941-474-5450

October 25, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Re: William Childs Flooring, Inc. Document # P03000155657

Dear Sirs:

William Childs Flooring became a client of our recently. His corporation has been dissolved due to non payment of the annual fee. We have explained to them how the annual fee works and they will from now forward come to us to have this taken care of before May 1st each year.

Prior to the present they were not aware that this fee had to be paid each year and did not receive in the mail the postcard asking for payment. Please waive the reinstatement fees and accept our check for \$300.00 paying the annual fee for 2004 and 2005.

Thank You.

Sincerely,



Carolyn C. Hamilton
Bookkeeper