2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P03000156624 SLAVKO'S FLOORING INSTALLATION, INC. 05 JUN 14 AM 8: 22 Principal Place of Business Mailing Address REINSTATEMENT 04-05 88-11 NW 10TH STREET 88-11 NW 10TH STRFFT PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 2. Principal Place of Business Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 04012005 CR2E098 (6/04) City & State City & State 4.1 FEI Number Applied For 20-0551848 Not Applicable Ζįρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M LADEN OVICH LAVKO MOORE, DAVID L 6003 NW 31ST AVENUE Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE, FL 33309 10 ST. N)W. PEMBROKE PINES Zip Code 32024 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete TITLE ☐ Change ☐ Addition MLADENOVICH, SLAVKO NAME NAME STREET ADDRESS **88-11 NW 10TH STREET** STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 500056150625 06/14/05--01018--013 **30 STREET ADDRESS STREET ADDRESS **300.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Addition

Mr. Slavko Mladenovich 8811 NW 10th Street Pembroke Pines, FL 33024

June 8, 2005

Division of Corporations P. O. Box 6327 Tallahasee, FL 32314

Re: Slavko's Flooring Installation, Inc- Reinstatement

Dear Sirs:

As a response to your letter dated May 23, 2005, enclosed please find a check in the amount of \$300.00. These funds represent the annual fees for 2004 and 2005. I respectfully request that you waive the late fees.

I had not received any notification alerting me of the dissolution of my corporation. However, upon reviewing the website associated with the Division of Corporations, I noted that my corporation had a status of "Inactive." I am attaching a Reinstatement Form obtained from your website (Document Number: P03000156624). In the form I have indicated that I am certifying non-receipt of any prior notices. For this reason I am not including the \$600.00 reinstatement fee.

If you have any questions, I can be reached at (954) 435-0542.

Sincerely,

Mr. Slavko Mladenovich, President Slavko's Flooring Installation, Inc.

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