

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV -1 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000001327

**1. Corporation Name**

JAMES SERVANT FLOORING, INC.

6 WILDROSE PLACE

6 WILDROSE PLACE

**2. Principal Office Address**

6 WILDROSE PLACE

**3. Mailing Office Address**

6 WILDROSE PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST, FL 32164-7628

City & State

PALM COAST, FL 32164-7628

Zip

32164-7628

Country

US

Zip

32164-7628

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
41-2121638

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

BEN SAVY

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

25 PINE CONE DRIVE

Suite, Apt. #, Etc.

SUITE 2A

City

PALM COAST

State

FL

Zip Code

32164

**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

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
PRES	JAMES SERVANT	6 WILDROSE PLACE	PALM COAST, FL 32164-7628

700042363067  
11/01/04--01066--021 \*\*150.00

**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 #

10-27-04

386 246-3513

386 246-2426

CR2E081 (01/04)

282

To whom it may concern.  
I would ask for forego penalties  
for this was the first notice I've  
received. This is my first year of  
incorporation as of 12/22/04. As I  
stated, this is the first time I've  
heard of this requirement. I've  
~~never received any notice but the~~  
one. Thank you

James Serwant