

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -2 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000002773

1. Entity Name  
SUPREME FLOORING SERVICE, INC



Principal Place of Business  
9920 WATERFERN CIRCLE  
CLERMONT, FL 34711

Mailing Address  
9920 WATERFERN CIRCLE  
CLERMONT, FL 34711



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10162007 REIN-P CR2E098 (1/07)

4. FEI Number  
20-0557434

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, JOSE  
9920 WATERFERN CIRCLE  
CLERMONT, FL 34711

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, 2008, 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 NAME ☐ Delete  
P SUAREZ, JOSE  
STREET ADDRESS 9920 WATERFERN CIRCLE  
CITY- ST- ZIP CLERMONT, FL 34711

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
400111639264  
11/02/07--01031--006 \*\*\$150.00  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/07 352-636-4945

11/7/07