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DOCUMENT # P04000003405 KEVIN A RODGERS FLOOR COVERING, INC. Principal-Place of Business_ Mailing Address **3995 SE 150TH STREET** 3995 SE 150TH STREET SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34491 2. Principal Place of Business 3. Mailing Address 3991 SE 3991 SE, 150+ St Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 57-1195545 Not Applicable Summertield \$8.75 Additional 5. Certificate of Status Desired MAKION MARION Fee Required 34491 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODGERS, KEVIN A 820 SE 38 AVE OCALA, FL 34471 Zip Code 3449/ SUMMate 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 SIGNATURE: Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition ☐ Change PD ☐ Delete TITLE TITLE RODGER, KEVIN A NAME NAME 820 SE 38 AVE STREET ADDRESS STREET ADDRESS OCALA, FL 34471 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete MASON, JUSTIN K NAME NAME STREET ADDRESS 1737 NW 42 PL STREET ADDRESS CITY-ST-ZIP OCALA, FL 34475 CITY-ST-ZIP VD ☐ Delete Addition TITLE TITLE RODGERS, MARK NAME. NAME MARK ROD 626 SE 31 AVE STREET ADDRESS STREET ADDRESS OCALA, FL 34471 CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP ☐ Change ■ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 SIGNATURE:

2004 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE AND TYPED OR PRINTED NAME OF

ING OFFICER OF DIRECTO

Untitled

Division of corporations,

Here is the signed copy of the 2004 for Profit Corporation Reinstatement, for Kevin A Rodgers Floor Covering, Inc. we have already paid the \$150.00 on April 25, 2004 check #1353. We never recieved a letter back stating that we did not sign something, after reciving a notice of Dissolution today Oct. 19, 2004. We placed a call to your office and they told us to print and sign a reinstatement form and it would be wavied and reinstated!!!

Thank you very much, Any questions please call 352-307-3915

Kevin A Rodgers Floor Covering, Inc.