

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000003507

1. Corporation Name

F.A.B.I. FLOORING, INC.

2. Principal Office Address <b>4407 Leto Lakes Blvd</b>		3. Mailing Office Address	
Suite, Apt. #, etc. <b>Apt 305</b>		Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b>		City & State	
Zip <b>33614</b>	Country <b>USA</b>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>12/27/2003</b>			
5. FEI Number <b>20-5954814</b>			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

CR2E081 (12/05)

12/27/2003

Applied For  
Not Applicable

7. Name and Address of Current Registered Agent			
Name <b>Mark C. Serra</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>600 Bypass Drive</b>			
Suite, Apt. #, Etc. <b>Ste 109</b>			
City <b>Clearwater, FL</b>		State <b>FL</b>	Zip Code <b>33764</b>

REINSTATEMENT 04-06

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 **11/24/2006**

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	<b>Elson J. Neves</b>	<b>4407 Leto Lakes Blvd, Apt 305</b>	<b>Tampa, FL 33614</b>

**3111082368923**  
**12/07/06-01051--008 \*\*450.00**

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 contained in Chapter 119, 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:

**Elson J. Neves**

**11/24/2006**

Daytime Phone #

2/2

# F.A.B.I. FLOORING, INC.

4407 LETO LAKES BLVD, APT 305, TAMPA, FL 33614 • TEL 727-724-0180 FAX: 727-787-8861

November 24, 2006

Reinstatement Section  
Division of Corporations  
Secretary of State, State of Florida  
2661 Executive Center Circle, Clifton Building  
Tallahassee, FL 32301

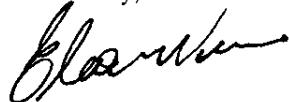
Re: Reinstatement of "F.A.B.I. Flooring, Inc." Doc #P04000003507

Dear Sirs:

Please reinstate the above company to active status as soon as possible. We have not received the 2004 - notice of report due or notice of intent to dissolve the corporate status. Therefore, through our Registered Agent, Mark Serra, we are respectfully requesting that the penalty/fine of \$600 be waived and request that you find our check in the amount of \$450 to reinstate the above company.

Thank you in advance for your immediate attention to this matter. If there are any problems or questions regarding this, please contact our Registered Agent, Mark Serra at 727-724-0180.

Sincerely,



Elson J. Neves  
President

Encl: Check #1059