

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILE

2006 OCT 31 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT 05-06

DOCUMENT #

FOY000004619

1. Corporation Name

Rinehart Floors, Inc.

2. Principal Office Address

116 Lucas Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

116 Lucas Rd.

Suite, Apt. #, etc.

City & State

DeFuniak Spgs. FL

Zip

32433 U.S.

City & State

DeFuniak Spgs. FL

Zip

32433 U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

1-1-04

5. FEI Number

20-0422214

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

Timothy A. Rinehart

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

116 Lucas Rd.

Suite, Apt. #, Etc.

City

DeFuniak Spgs.

State  
FL

Zip Code

32433

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

Tim A. Rinehart

REGISTERED AGENT MUST SIGN

Date

10-24-06

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
PS	Timothy A. Rinehart	116 Lucas Rd.	DeFuniak Spgs. FL 32433
VP	Dale E. Rinehart	116 Lucas Rd.	DeFuniak Spgs. FL 32433
S	Jason M. Jacobs	1056 Northview Dr.	Crestview, FL 32536

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

Tim A. Rinehart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-06

Daytime Phone #

850-892-6225

NO VOTERS OCT 31 2006

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**Rinehart Floors, Inc.**  
116 Lucas Rd.  
DeFuniak Springs, FL 32433

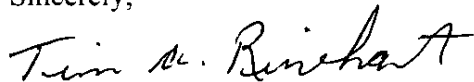
October 24, 2006

Ref: Rinehart Floors, Inc. Annual Report

I Timothy A. Rinehart never received any notices about my annual report. Please waive any late fees.

If you need anything further please call me at 850-892-6205.

Sincerely,



Timothy A. Rinehart  
President