

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL -9 AM 11:09

DOCUMENT # P04000008913

1. Corporation Name

Coast to Coast Flooring Contractors, Inc.

500158315195
07/09/09--01054--009 **608.75

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 1440 Felton St.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deltona		City & State	
Zip 32725	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 01/12/2004	
5. FEI Number 20-0590041	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	

7. Name and Address of Current Registered Agent

Name Jenifer Conroy	
Street Address (P.O. Box Number is Not Acceptable) 1440 Felton St.	
Suite, Apt. #, Etc.	
City Deltona	State FL Zip Code 32725

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Jenifer C. Conroy Date July 7, 2009
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
T / V	Tony C. Jones	1440 Felton St.	Deltona, FL. 32725
P / S	Jenifer C. Conroy	1440 Felton St.	Deltona, FL. 32725

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: Jenifer C. Conroy Jenifer C. Conroy 386-804-3247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #