

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL -3 PM 3:09
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000017643

1. Corporation Name

SAM'S CARPET & VINYL, INC.,

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1120 S Main

3. Mailing Office Address
P.O. 304

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.

City & State

HighSprings, FL

City & State

HighSprings, FL

Zip

32643

Country

Alachua

Zip

32655

Country

Alachua

**4. Date Incorporated or Qualified
To Do Business in Florida** 01/20/04

5. FEI Number
56-2427894

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Linda Douglas

Street Address (P.O. Box Number is Not Acceptable)
1120 S Main

Suite, Apt. #, Etc.

Suite C

City

HighSprings

State

FL

Zip Code

32643

☐ 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

Linda A Douglas

Date *10-26-2007*

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	Jonathan M. Douglas	6729 NE 32nd PL	HighSprings, FL 32643
VP	Samuel Terry Douglas	286 NE Carnation, PL	Lake City, FL 32055
S	Linda Douglas	7979 NE 35th Ave	HighSprings, FL 32643
	<i>\$775</i>		

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07/06/07 01055 004 **1050.00

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:

Linda A Douglas

Linda Douglas June 26, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #