

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000021674

1. Corporation Name

SCOTT C MCNEIL CARPETS, INC
1305 HOWELL AVENUE, LOT 5
BROOKSVILLE, FL 34601

2. Principal Office Address - No P.O. Box #

1305 HOWELL AVE

Suite, Apt. #, etc.

LOT 5

City & State

BROOKSVILLE, FL

Zip

34601

Country

HERNANDO

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida JAN 30, 2004

5. FEI Number

20-0721124

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SCOTT C MCNEIL

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

1305 HOWELL AVE

Suite, Apt. #, Etc.

LOT 5

City

BROOKSVILLE

State

FL

Zip Code

34601

☐ 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

Scott C McNeil

REGISTERED AGENT MUST SIGN

Date

7/10/07

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
DIR	SCOTT C MCNEIL	1305 HOWELL AVE, LOT 5	BROOKSVILLE, FL 34601

400106025024
07/13/07--01003--013 **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:

Scott C McNeil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/10/07

352-754-4375

Daytime Phone #

FILED

2007 JUL 13 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

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