


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 192 06 DEC 11 PM 2:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P04000028146 1. Corporation Name ABC flooring of North west florida			
2. Principal Office Address 6802 PO BOX 393 Suite, Apt. #, etc. Sunrise DR City & State PANAMA CITY BEACH FL Zip 32408 Country US		3. Mailing Office Address P.O. BOX 393 Suite, Apt. #, etc. City & State Fountain FL Zip 32438 Country BAY	
4. Date Incorporated or Qualified To Do Business in Florida 2/11/04		REINSTATEMENT CR2E081 (12/05) 05-06	
5. FEI Number 200767834		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name JERRY R HAL Street Address (P.O. Box Number is not Acceptable) 2936 E O HENRY Suite, Apt. #, Etc. City PANAMA CITY BEACH State FL Zip Code 32408			
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 JERRY R HAL Date Dec 11 06 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	JERRY R HAL	PO. BOX 393 Third Street	Fountain FL 32438
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: JERRY R HAL		12-11-06	1-615-6860584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

282

I did not receive a 2005
annual report notice

Jerry R Hal
Dec 11 06