

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 30 PM 2:30

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

200103196872
05/24/07--01025--012 **450.00

DOCUMENT # P04000040790

1. Corporation Name

Quality Floors of Tampa Bay Inc.

W070000017861

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

3591 Magnolia Ridge Cr.

Suite, Apt. #, etc.

H

3. Mailing Office Address

3591 Magnolia Ridge Cr.

Suite, Apt. #, etc.

H

City & State

Palm Harbor FL

City & State

Palm Harbor FL

Zip

34684

Country

Pinellas

Zip

34684

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

3-20-04

5. FEI Number

59-3666343

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patrick Sawdon

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

3591 Magnolia Ridge Cr.

Suite, Apt. #, Etc.

H

City

Palm Harbor

State

FL

Zip Code

34684

☒ 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

Patrick Sawdon

REGISTERED AGENT MUST SIGN

Date 4-3-07

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
<u>P</u>	<u>Patrick Sawdon</u>	<u>3591 Magnolia Ridge Cr. H</u>	<u>Palm Harbor FL 34684</u>
<u>S</u>	<u>Thomas Sawdon</u>	<u>14099 S. Belcher #1308</u>	<u>Largo FL 33771</u>

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:

Patrick Sawdon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-07

Date

(727) 409-1019

Daytime Phone #