PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE											FIL	FD	
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS								06 SEP -5 PM 4: 16					
DOCUMENT # P0400100779 1. Corporation Name								SECRETA JAME TALLAHASSEL, FLORIDA					
Wyatt's Flooring Installation Inc.													
2. Principal Office Address 3. Mailing Office Address									7 TO SP 0	77P0/	3	ra e	
•			3. Mailing Office Address 5873 S US Hwy					15-0C Waller 15-0C					
				Apt. #, etc. t E-1				4. Date Incorporated or Qualified To Do Business in Florida July 2, 2004					
City & State Bunr	nell	City & State Bunnell					5. Fildumber 111328 Applied For						
² 3211	2110 ÜŠA		32110		ŰŠ	Ά	_	6. CERTIFICATE OF STATUS DESIRED \$8.7					Applicable ee required of Status
<u> </u>					ddress o	of Current Regis	tere	d Agent			10.0		or Gravas
	Ändrew G. Natelson												
	Street 2 dress (P & Box Number is Not Acceptable) 412 S. Central Ave.												
	Suite, Apt. #, Etc.			. ==		,							
	Flagler Beach							FL 32136					
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 Date 8/31/06 REGISTERED AGENT MUST SIGN													
9. Names	and Street Addresses of					ations must list a	it lea	st 3 directors)					
Titles	Officers	Street Address of Eac Officer and/or Directo							С	ity / State /	Žip		
Р	Wyatt J. Cunningham			5873	US I	Highway	1	Lot C-3	Bun	nell,	FL 3	211	0
V-P	Wyatt J. Cunningham			5873	us I	Highway	1	Lot C-3	Bun	nell,	FL 3	211	0 -
S	Wyatt J. Cunningham			5873	US I	Highway	1	Lot C-3	Bun	nell,	FL 3	211	0
Т	Wyatt J. (Cunningh	nam	5873	US F	Highway	1	Lot C-3	Bun	nell,	FL 3	2110	
D	Wayatt J.	Cunning	gham	5873	US I	Highway	1	Lot C-3	Bun	nell,	FL 3	211	0
								99719	/06	7 9 8 01017-	-018 -018	**900	.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 filling 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: SIGNATURE: SIGNATURE AND TYPED ON PRINTEGRAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #													