

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -8 PM 3:16

DOCUMENT # P04000121939

1. Corporation Name

FLOEIRE U.S. INC.

REINSTATEMENT 05-06

100079626801

CR2E081 (8/05)

2. Principal Office Address
15205 KESTRELCREST COURT

3. Mailing Office Address
15205 KESTRELCREST COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LITHIA, FL

City & State
LITHIA, FL

Zip
33547

Country
USA

Zip
33547

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/23/2004

5. FEI Number
20-1595882

Applied For
Not Applicable

* CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

Name and Address of Current Registered Agent

Name
GARY MUNN

Street Address (P.O. Box Number is Not Acceptable)
15205 KESTRELCREST COURT

Suite, Apt. #, Etc.

City
LITHIA

State
FL

Zip Code
33547

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 8/28/06

REGISTERED AGENT MUST SIGN

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	TAMMY MUNN	15205 KESTRELCREST COURT	LITHIA, FL 33547
D/EVP	EAMOMM MC CANN	15205 KESTRELCREST COURT	LITHIA, FL 33547
T	GERALD DAVIDSON	15205 KESTRELCREST COURT	LITHIA, FL 33547
D/VP	PAUL MC CANN	15205 KESTRELCREST COURT	LITHIA, FL 33547
D/VP	LOUISE JORDAN	15205 KESTRELCREST COURT	LITHIA, FL 33547

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 under section 119.07(3)(i), 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:

TAMMY L. MUNN

8/28/06

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 361592 4326120

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 908.75

ORDER DATE : September 7, 2006

ORDER TIME : 11:01 AM

ORDER NO. : 361592-005

CUSTOMER NO: 4326120

DOMESTIC FILINGS

NAME: FLOEIRE U.S. INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS _____

RECEIVED
06 SEP -8 PM 1:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA