

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -7 AM 9:11

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

000103187960

05/24/07--01027--005 **450.00

DOCUMENT # P04000123914

1. Corporation Name

Wood Floor Service Inc.

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

4482 pompano rd

Suite, Apt. #, etc.

Venice FL

City & State

Venice FL

Zip

34293

Country

FLORIDA

3. Mailing Office Address

4482 pompano rd

Suite, Apt. #, etc.

Venice FL

City & State

34293

Zip

34293

Country

FLORIDA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

August 26, 2004

5. FEI Number

134250291

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Douglas Hebrank

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

4482 Pompano Rd

Suite, Apt. #, Etc.

Venice FL

City

Venice

State

FL

Zip Code

34293

☒ 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

Douglas Hebrank

Date 3-21-07

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
PRES.	Douglas Hebrank	4482 pompano rd	Venice FL 34293

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:

Douglas Hebrank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07
Date

941 468-1072
Daytime Phone #