

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 16 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000131825

1. Corporation Name

Precision Floor Care, Inc.

2. Principal Office Address - No P.O. Box #
2912 Sycamore CT.

3. Mailing Office Address
2912 Sycamore CT.

Suite, Apt. #, etc.

Apt. 102

Suite, Apt. #, etc.

Apt. 102

City & State

Tampa, FL.

City & State

Tampa, FL.

Zip

33613

Country

Hillsborough

Zip

33613

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida 09/04

5. FEI Number
37-1496669

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

Hicks, Nicole

Street Address (P.O. Box Number is Not Acceptable)
2912 Sycamore CT.

Suite, Apt. #, Etc.

Apt. 102

City

Tampa

State

FL

Zip Code

33613

☒ 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

Nicole Hicks

REGISTERED AGENT MUST SIGN

Date 11-23-09

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
PT	Andre Thomas	2912 Sycamore CT. Apt.102	Tampa, FL. 33613
VSD	Nicole Hicks	2912 Sycamore CT. Apt.102	Tampa, FL. 33613

REINSTATEMENT

BH

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:

Andre Thomas

ANDRE THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/09

Date

(813) 479-7637

Daytime Phone #