

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000151532

1. Entity Name  
ADVANCED FLOOR REMOVAL, INC.



Principal Place of Business  
7000 W OAKLAND PK BLVD  
303  
SUNRISE, FL 33313

Mailing Address  
7000 W OAKLAND PK BLVD  
303  
SUNRISE, FL 33313

2. Principal Place of Business  
17222 78th Road N.  
Suite, Apt. #, etc.

3. Mailing Address  
17222 78th Road N.  
Suite, Apt. #, etc.

03152006 REIN-P CR2E098 (11/05)



City & State  
Loxahatchee, FL  
Zip  
33470  
Country  
USA

City & State  
Loxahatchee, FL  
Zip  
33470  
Country  
USA

4. FIC Number  
20-1840712  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WALTON, SEAN  
7000 W OAKLAND PK BLVD  
303  
SUNRISE, FL 33313

## 7. Name and Address of New Registered Agent

Name  
Walton, Sean  
Street Address (P.O. Box Number is Not Acceptable)  
17222 78th Road N.  
City  
Loxahatchee FL Zip Code  
33470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sean Walton Sean Walton President 3/15/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WALTON, SEAN  
7000 W OAKLAND PK BLVD 303  
SUNRISE, FL 33313 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Walton, Sean ☒ Change ☐ Addition  
17222 78th Road N.  
Loxahatchee, FL 33470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700069161457  
03/31/06--01032--006 \*\*\*908.75  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sean Walton Sean Walton 3/15/06 954-709-8460