

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 DEC 15 PM 4: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600062202596  
12/15/05--01048--008 \*\*750.00

DOCUMENT # P04000162320

**1. Corporation Name**

Wholesale Flooring Supply, Inc.

**2. Principal Office Address**

4300 Kings Highway

Suite, Apt. #, etc.

Suite 500

City & State

Port Charlotte, FL

Zip

33980

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

January 1, 2005

**5. FEI Number**

20-2990749

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

Donald Kaminski

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

4300 Kings Highway

Suite, Apt. #, etc.

Suite 500

City

Port Charlotte

State

FL

Zip Code

33980

**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

*Donald Kaminski*

Date

12-12-05

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
D	Donald Kaminski	4300 Kings Highway, Suite 500	Port Charlotte, FL 33980

**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:

*Donald Kaminski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-05

Date

(941) 627-9300

Daytime Phone #