

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

06 FEB -8 PM 3:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000162347**

1. Entity Name  
S.H. FLOOR COVERINGS, INC.



Principal Place of Business  
9846 BERNWOOD PL. DR.  
SUITE 208  
FT. MYERS, FL 33912

Mailing Address  
9846 BERNWOOD PL. DR.  
SUITE 208  
FT. MYERS, FL 33912

2. Principal Place of Business  
7613 JASPER AVE. #249

3. Mailing Address  
7613 JASPER AVE. #249

Suite, Apt. #, etc.  
#249

Suite, Apt. #, etc.  
#249

City & State  
JACKSONVILLE, FL. 32211

City & State  
JACKSONVILLE, FL. 32211

Zip  
32211

Country  
DUVAL

Zip  
32211

Country  
DUVAL



12192005 REIN-P CR2E098 (6/04)

4. FEI Number  
159-3788216

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREIRA, JULIANA  
6580 BRIARCLIFF ROAD  
FT. MYERS, FL 33912

7. Name and Address of New Registered Agent

Name: SILVIO A. HEPP

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

7613 JASPER AVE. # 249, JACKSONVILLE, FL

City: JACKSONVILLE, FL Zip Code: 32211

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: *Silvio A. Hepp* SILVIO A. HEPP 12-23-05

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPP, SILVIO A. 9846 BERNWOOD PL. DR., STE. 208 FT. MYERS, FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HEPP, SILVIO A. 7613 JASPER AVE. #249	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL. 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Silvio A. Hepp* SILVIO A. HEPP 12-23-05 904-537-5508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

102

REINSTATEMENT 25-56

T. Roberts FEB 09 2006

000066134670  
02/17/06--01037--005 \*\*150.00

000066134670  
02/17/06--01037--006 \*\*150.00

2052

REF. S.H. FLOOR COVERINGS, INC.  
P04000162347

FLORIDA DIVISION OF CORPORATIONS

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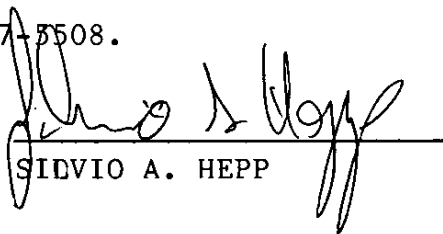
I, SILVIO A. HEPP, AS DIRECTOR FOR S.H. FLOOR COVERINGS, INC.,  
DID NOT RECEIVE A RENEWAL NOTICE.

I AM ASKING TO BE EXCUSED FROM THE LATE FEES, MY MONEY ORDER  
FOR \$150.00 IS ATTACHED.

ANY QUESTIONS, JUST CALL, 904-537-3508.

12-27-2005

DATE

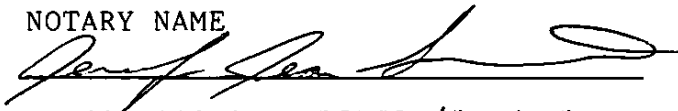
  
SILVIO A. HEPP

STATE OF FLORIDA  
COUNTY OF DUVAL

SIGNED THIS 27 DAY OF Dec, 2005

Jennifer Jean Simons

NOTARY NAME



MY COMMISSION EXPIRES 10-11-09

