

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000166794

1. Entity Name  
BROTHER'S FLOOR COVERING, INC.



Principal Place of Business  
18251 SLATER ROAD  
N FT MYERS, FL 33917

Mailing Address  
18251 SLATER ROAD  
N FT MYERS, FL 33917

FILED

07 JAN 16 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05042006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2028995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, ORLANDO  
18251 SLATER ROAD  
N FT MYERS, FL 33917

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME DIAZ, ORLANDO  
STREET ADDRESS 18251 SLATER ROAD  
CITY-ST-ZIP N FT MYERS, FL 33917

TITLE VS ☐ Delete  
NAME BEATO, DIOSILIS  
STREET ADDRESS 18251 SLATER ROAD  
CITY-ST-ZIP N FT MYERS, FL 33917

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 700085640677  
STREET ADDRESS 01/23/07--01005--012 \*\*450.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME REINSTATEMENT  
STREET ADDRESS 05-07  
CITY-ST-ZIP

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #