

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 17 PM 9:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DOCUMENT # P05000046321

1. Entity Name  
BRIAN'S FLOOR INSTALLATION, INC.



Principal Place of Business  
105 PARK ROAD  
INTERLACHEN, FL 32148

Mailing Address  
105 PARK ROAD  
INTERLACHEN, FL 32148

2. Principal Place of Business  
150 Allen Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 729  
Suite, Apt. #, etc.

10242006 REIN-P CR2E098 (11/05)

City & State  
Hollister, FL

City & State  
Hollister, FL

Zip  
32147

Country  
USA

Zip  
32147

Country

4. FEI Number  
20-2575321

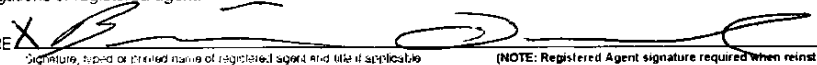
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
OSMUL, Brian J.  
105 PARK ROAD  
INTERLACHEN, FL 32148

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
150 Allen Dr.  
City  
Hollister  
FL  
Zip Code  
32147

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  DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES OSMUL, BRIAN J 105 PARK ROAD INTERLACHEN, FL 32148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300081503743 11/03/06--01041--021 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 06

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)