

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000058919

1. Entity Name
FLOORS AND MORE OF BAKER COUNTY, INC.



FILED

08 OCT 17 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1159 SOUTH 6TH STREET
MACCLENLY, FL 32063

Mailing Address
1159 SOUTH 6TH STREET
MACCLENLY, FL 32063

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2008
10162008 REIN.P CR2E098 11/07

4. FEI Number
51-0543124

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIGHTSEY, CHRISTY D
1159 SOUTH 6TH ST.
MACCLENLY, FL 32063

7. Name and Address of New Registered Agent

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

Christy Lightsey

(NOTE: Registered Agent signature required when reinstating)

DATE

10-16-08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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

TITLE D ☐ Delete
NAME LIGHTSEY, GERALD
STREET ADDRESS 1159 S SIXTH ST
CITY-ST-ZIP MACCLENLY, FL 32063

TITLE D ☐ Delete
NAME ONEIL, THOMAS
STREET ADDRESS 1159 S SIXTH ST
CITY-ST-ZIP MACCLENLY, FL 32063

TITLE D ☐ Delete
NAME LIGHTSEY, JIMMY
STREET ADDRESS 1159 S SIXTH ST
CITY-ST-ZIP MACCLENLY, FL 32063

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
STREET ADDRESS
CITY-ST-ZIP
000137018260
10/17/08--01037--011 **150.00

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

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

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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 #

10-16-08