

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT - 1 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO5000135254
1. Corporation Name Ryan's Flooring Incorporated

2. Principal Office Address - No P.O. Box # 546 SW Remington Ct.
Suite, Apt. #, etc. NA
City & State Lake City, FL
Zip 32024 Country US

3. Mailing Office Address 607-47004
546 SW Remington Ct
Suite, Apt. #, etc. NA
City & State Lake City, FL
Zip 32024 Country US

REINSTATEMENT 06-07
CR2E081 (1/07) ACS

4. Date Incorporated or Qualified To Do Business in Florida 10/05

5. FEI Number 68-0615267 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Ryan Coleman Hardin
Street Address (P.O. Box Number is Not Acceptable) 546 SW Remington Ct
Suite, Apt. #, Etc. NA
City Lake City State FL Zip Code 32024

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Ryan C. Hardin Date 9/16/07
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
<u>VS</u>	<u>Kristy L Douglas</u>	<u>546 SW Remington Ct</u>	<u>Lake City, FL 32024</u>
<u>P</u>	<u>Ryan C. Hardin</u>	<u>546 SW Remington Ct.</u>	<u>Lake City, FL 32024</u>

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 contained in Chapter 119, 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: Ryan Hardin Date 9/16/07 386-965-3258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Document corrected per Kristy L. Douglas. ACS