

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILE

08 JAN 15 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

89
1-22-08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 905000159214

1. Corporation Name

Kyle Thompson's Flooring Inc.

2. Principal Office Address - No P.O. Box #

4295 Summer Landing Dr.

Suite, Apt. #, etc.

Apt # 201

City & State

Lakeland FL

Zip

33810

Country

U.S.

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

06-08

4. Date Incorporated or Qualified
To Do Business in Florida

12-06-2005

5. FEI Number

20-3893350

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kyle J Thompson

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

4295 Summer Landing Drive

Suite, Apt. #, Etc.

Apt # 201

City

Lakeland

State

FL

Zip Code

33810

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
P	Kyle J. Thompson	4295 Summer Landing Drive Apt. # 201	Lakeland FL 33810
VP	Todd C Thompson	4295 Summer Landing Drive Apt # 201	Lakeland FL 33810

900115193469
01/15/08--01032--012 **450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08

Date

813 479 7775

Daytime Phone #