**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 11 PM 12: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P060000 26544

1. Corporation Name

A Step Beyond Flooring

600165749506
01/11/10--01051--019 **300.00

**REINSTATEMENT** 08-09

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 3526 Swindell Rd | 3526 Swindell Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Lakeland Fl | Lakeland Fl |
| City & State | City & State |

| Zip | Country | Zip | Country |
|---|---|---|---|
| 33810 | Polk | 33810 | Polk |

4. Date Incorporated or Qualified To Do Business in Florida 02-22-06

5. FEI Number 204383438  ☐ 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
David Goldman

Street Address (P.O. Box Number is Not Acceptable)
3526 Swindell RD

Suite, Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| Lakeland | FL | 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 _David Goldman_
REGISTERED AGENT MUST SIGN
Date 12-20-09

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 |
|---|---|---|---|
| Pres. | David Goldman | 3526 Swindell Rd | Lakeland Fl 33810 |
| | | | |
| | | | |
| | | | |
| | | | |
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10. E-mail Address: DGoldman7@TampaBay.rr.com
(To be used for future annual report notification)

11. 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. I further certify, 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: _David Goldman_   12-20-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #