

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000079732

1. Entity Name

RAY CHANDLER & SONS FLOORING, INC.



FILED

08 JUN 27 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

443 BLUEBIRD STREET
APOPKA, FL 32703 US

Mailing Address

443 BLUEBIRD STREET
APOPKA, FL 32703 US

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

4730 S.E. Hawthorn Rd.

Suite, Apt. #, etc.

3. Mailing Address

4730 S.E. Hawthorn Rd.

Suite, Apt. #, etc.



REINSTATEMENT 07-08
06202088 REINFP CR2E098 (1/07)

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

Applied For

Not Applicable

Zip

32641

Country

US

Zip

32641

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, RAY
443 BLUEBIRD STREET
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name

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

4730 S.E. Hawthorn Rd.

City

Gainesville

FL

Zip Code

32641

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

Ray C. Chandler
Signature, typed or printed name of registered agent and title if applicable.

RAY C CHANDLER
(NOTE: Registered Agent signature required when reinstating)

6-26-08
DATE

FILE NOW!!! FEE IS \$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 P ☐ Delete
NAME CHANDLER, RAY
STREET ADDRESS 443 BLUEBIRD STREET
CITY-ST-ZIP APOPKA, FL 32703

TITLE VP ☐ Delete
NAME CHANDLER, ROBERT
STREET ADDRESS 443 BLUEBIRD STREET
CITY-ST-ZIP APOPKA, FL 32703

TITLE ☐ Delete
NAME *6/27*
STREET ADDRESS
CITY-ST-ZIP

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 4730 S.E. Hawthorn Rd.
CITY-ST-ZIP Gainesville, FL 32641

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4730 S.E. Hawthorn Rd.
CITY-ST-ZIP Gainesville, FL 32641

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800131810968
CITY-ST-ZIP 06/27/08--01025--004 ***300.00

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ray C. Chandler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY C. CHANDLER

6-26-08
Date

Daytime Phone #