PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 15 AM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000153454

1. Corporation Name

SARAH MARTIN FLOORING INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1730 SUNSET DR	1730 SUNSET DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT FL	City & State: CLERMONT FL 34711
Zip: 34711 Country:	Zip: 34711 Country:

CR2E001 (12/06)

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/2006

5. FEI Number: 208046219 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: SARAH MARTIN

Street Address (P.O. Box Number is Not Acceptable): 1730 SUNSET DR

Suite, Apt. #, Etc.:

City: CLERMONT State: FL Zip Code: 34711

☑ 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 617.0303, F.S.

Signature of Registered Agent: [signature] Date: 10/14/2009
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GARY MARTIN	1730 SUNSET DR	CLERMONT FL 34711
VP	SARAH MARTIN	1730 SUNSET DR	CLERMONT FL 34711
T	ERIC FOSTER	1730 SUNSET DR	CLERMONT FL 34711
S	HARLEY FOSTER	1730 SUNSET DR	CLERMONT FL 34711
	REINSTATEMENT		

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 the 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] SARAH MARTIN 10/14/2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000220892 3)))

H09000220892 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

CORPORATION REINSTATEMENT

SARAH MARTIN FLOORING INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75

RH

Electronic Filing Menu Corporate Filing Menu Help

Please Credit 600.00
Thanks.