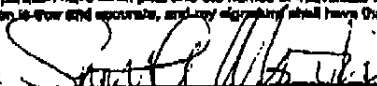


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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 # 1730 SUNSET DR Suite, Apt. #, etc.		3. Mailing Office Address 1730 SUNSET DR Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/14/2006	
City & State CLERMONT FL		City & State CLERMONT FL 34711		5. FEI Number 208046219 Applied For Not Applicable	
Zip 34711	Country	Zip 34711	Country	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				☒ 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 607.0506 or 617.0503, F.S. Signature of Registered Agent  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 Officer 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 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE:  SARAH MARTIN SIGNATURE AND TITLE ON PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR				10/14/2009 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)))



H090002208923ABC%

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.*