

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN -8 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000116189

1. Corporation Name

FLORIDA FLOORING SPECIALISTS, INC.

2. Principal Office Address - No P.O. Box #
9207 TARAGONA WAY

3. Mailing Office Address
24 RIDDLE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

PALM COAST, FLORIDA

Zip

32221

Country

Zip

32164

Country

REINSTATEMENT 08

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 10/23/07

5. FEI Number
41-2255783

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

HODGE, MARK

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

24 RIDDLE DRIVE

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32164

☒ 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

Date

REGISTERED AGENT MUST SIGN

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,T,S	MARK HODGE	24 RIDDLE DRIVE	PALM COAST, FLORIDA 32164
			700137088997
			10/20/08 01058 006
			\$150.00

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:

Mark Hodge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/09

Date

(386) 793-5589

Daytime Phone #