

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PD8 0000 31427
F.F. FLOOR COVERINGS, INC.

2. Principal Office Address - No P.O. Box #

220 NE 37th St

Suite, Apt. #, etc.

Ocala FL

City & State

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

34470

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Brian M. Leroy

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

3601 SE 33rd Ct

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-5-09

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
President	Brian M. Leroy	3601 SE 33rd Ct Ocala FL	Ocala FL 34470
Secretary	F.A. Scott M. Leroy	220 NE 37th St Ocala FL	Ocala FL 34470
Treasurer	[Signature]		

10. E-mail Address:

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-10-2010

352/817-2768

FILED

10 FEB -8 AM 9:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT 09-10

600167362866
01/27/10--01039--011 **\$500.00
CR2E081 (11/09) 600.00

4. Date Incorporated or Qualified To Do Business in Florida

03-26-08

5. FEI Number

26-2117924

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ 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.

600167362866
01/27/10--01039--012 **\$150.00