

P15000013829

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15000013829

1. Corporation Name

Flooring Extreme Inc.

400327475744
04/04/19--01026--004 **1200.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box # 2243 Calle De Cantabria		3. Mailing Office Address 2114 Colonial Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Navarre FL		City & State Navarre FL	
Zip 32566	Country Santa Rosa	Zip 32566	Country Santa Rosa

4. Date Incorporated or Qualified To Do Business in Florida 2/11/15	
5. FET Number 47-3099560	Applied For <input type="checkbox"/> 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 Seth Robinson		
Street Address (P.O. Box Number is Not Acceptable) 2243 Calle De Cantabria		
Suite, Apt. #, Etc.		
City Navarre	State FL	Zip Code 32566

2019 APR - 4 P 10:30
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.05001 or 617.05001, F.S.

Signature of Registered Agent *Seth Robinson*
REGISTERED AGENT MUST SIGN

Date 4/2/19

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	Seth Robinson	2243 Calle De Cantabria	Navarre FL 32566
VP	George Smart	51 Robys Dr #5	Mary Esther FL 32569

10. E-mail Address: cathyfloyd8@bellsouth.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Seth Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/19

850-490-4526

Date

Daytime Phone #