

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 18 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000029010

1. Corporation Name

Measure Masters Floor Planning & Blueprint Service, Inc.

3001 Rocky Point Drive East

2. Principal Office Address

3001 Rocky Point Drive East

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, Florida

Zip

33609

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida April 19, 1993**

5. FEI Number
59-3187685

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-04

7. Name and Address of Current Registered Agent

Name

Michael R. Carey

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

712 South Oregon Avenue

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33606-2543

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

Michael R. Carey

Date **August 16, 2004**

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
D/P	John J. McPhail	3001 Rocky Point Drive East, Ste. 200	Tampa, FL 33609

200040501947
08/25/04--01055--013 **1350.00

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 16, 2004 1-800-709-3332

Date

Daytime Phone #

John J. McPhail, Pres.

CR2E081 (01/04)