

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000043720

1. Corporation Name

SELECT FLOOR COVERING, INC.

Principal Place of Business

2241 TRADE CENTER WAY
NAPLES FL 33942

Mailing Address

2241 TRADE CENTER WAY
NAPLES FL 33942

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6421 Topaz Court

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33912

Country

Lee

3. New Mailing Office Address, If Applicable

6421 Topaz Court

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33912

Country

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1993

5. FEI Number

65-0423505

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
/PD C	KINTZELE, JAMES R	922 S TOWN & RIVER DR	FT MYERS FL 33919
/XP P	KINTZELE, KEVIN	1260 BILTMORE DR	FORT MYERS FL
STD	KINTZELE, SHEILA	922 S TOWN & RIVER DR	FT MYERS FL 33919

8000002345238-8
-11/12/97-01105-017
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KINTZELE, JAMES R
2241 TRADE CENTER WAY
NAPLES FL 33942

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

James R. Kintzele

REGISTERED AGENT MUST SIGN

Date

11-4-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

James R. Kintzele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-97

Date

Daytime Phone #

941-939-9663

CR2ED040 (8/97)