

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 # P94000012596

1. Corporation Name

FLOORING SPECIALISTS, INC.

FILED

96 NOV 21 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

100 NE 23RD AVE.
SUITE 2
GAINESVILLE FL 32609
US

Mailing Address

711 N.W. 23RD AVE.
SUITE 2
GAINESVILLE FL 32609

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

REINSTATEMENT *96*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		<i>X 100 NE 23RD AVE.</i>		02/09/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				50-3226431	
City & State		City & State		Applied For	
		<i>GAINESVILLE FL</i>		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
<i>32609</i>		<i>32609</i>	<i>FLORIDA</i>		

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
P	BOGLE, LYNDIA C.	3723 SW 82ND ST.	GAINESVILLE FL

408882813374-6
-11/26/96--01002--009
****383.75 ****383.75

11/22/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HALLER, ARTHUR G 711 N.W. 3RD AVE. SUITE 2 GAINESVILLE FL 32609		Name <i>X Lyndia C. Bogle</i> Street Address (P.O. Box Number is Not Acceptable) <i>3723 SW 82ND ST.</i> Suite, Apt. #, Etc. City <i>Gainesville</i> State <i>FL</i> Zip Code <i>32608</i>	

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 *X Lyndia C. Bogle*
REGISTERED AGENT MUST SIGN

Date *11-19-96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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: *X Lyndia C. Bogle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-96 *352-3146620*
Date Daytime Phone