

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 2:50

DOCUMENT # P94000020404

1. Corporation Name
BRUMCO FLOORING, INC.

Principal Place of Business: 8197-15 UNIVERSITY DRIVE TAMARAC FL
Mailing Address: 8197-15 UNIVERSITY DRIVE TAMARAC FL



REINSTATEMENT 99

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

| | | | | | |
|--|--|--|--|---|--|
| 2. New Principal Office Address, if Applicable | | 3. New Mailing Office Address, if Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03/16/1994 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0474471 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| | | | | \$8.75. A Additional Fee is 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) | | | |
|---|--------------------------------------|---|-----------------------|
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City / State / Zip |
| PTD | NACHT, ANDREA | 8197 N. UNIVERSITY DRIVE | TAMARAC FL 33321 |
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|--|--|--|----------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| GENTILE, NICHOLAS T 2801 UNIVERSITY DRIVE #203 CORAL SPRINGS FL 33065 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | |
| | | State | Zip Code |
| | | FL | |

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: *N. Gentile* REGISTERED AGENT MUST SIGN Date: 10/25/99

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 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: *N. Gentile* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/25/99 Daytime Phone #: 954 722 6363