

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 FEB -4 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 94 0000 35873

1. Corporation Name

South East Flooring, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

224 NE 33rd St
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

Same
Suite, Apt. #, etc.

City & State
Oakland Park FL

City & State

Zip 33334 Country Broward

Zip Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

May 12, 1994
15-0489843

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
Pres	Lee DeBlaker	224 NE 33rd St Oakland Park	FL 33334
VP	Patricia DeBlaker	224 NE 33rd St Oakland Park	FL 33334
Sec	Patricia DeBlaker		

900002078439--4
-02/05/97--01054--012
***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Michael Black
830 NE 18th St
Ft Lauderdale, FL 33305

Name DAVID MOORE
Street Address (P.O. Box Number is Not Acceptable)
5319 N Dixie Hwy
Suite, Apt. #, Etc.
City Ft Lauderdale
State FL Zip Code 33334

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

David Moore

REGISTERED AGENT MUST SIGN

Date 1/31/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Patricia DeBlaker Patricia DeBlaker 2/3/97 954-564-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)