

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000070006

1. Corporation Name

RANDY R. FISCHER FLOORCOVERING, INC.

Principal Place of Business

Mailing Address

1133 HEMPLE AVE  
GOTHA FL 34734  
US

P.O. BOX 193  
GOTHA FL 34734  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/1994

5. FEI Number

NOT APPLICABLE

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FISCHER, RANDY R	1133 HEMPLE AVE	GOTHA FL 34734
P	FISCHER, RANDY	1133 HEMPLE AVENUE	GOTHA FL 34734

300024057253  
10/23/03--01086--014 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISCHER, RANDY R  
1133 HEMPLE AVE  
GOTHA FL 34734

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Randy R. Fischer pres.*  
REGISTERED AGENT MUST SIGN

Date

10-20-03

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:

*Randy R. Fischer pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-293-7400  
Daytime Phone #

CR2E040 (7/03)

to the Department of State

For some reason I did not  
Receive my Uniform Business Report  
for 2003. This has not happened  
in the past. This is the first  
notice I have receive. There has  
been no changes. The information  
on this form is correct.

Randy R. Fuchs, Floorcovering Inc.  
593283912

Randy R. Fuchs p.m.

407-293-7400  
cell 321-287-3367