

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 # PH4000090716

1. Corporation Name

Floors to Doors Inc.

Principal Place of Business

1116 No Flagler Av.  
Homestead Fla. 33030

Mailing Address

12930 SW 190th St  
Miami Fla 33177

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

2. New Principal Office Address, If Applicable

1116 No Flagler Av.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Homestead Fla

City & State

Zip

33030

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/94

5. FEI Number

65-0541724

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
President	David Beem	12930 SW 190th St.	Miami Fla 33177
Vice President	Gary Ferguson	23705 SW 153 Ct	Homestead Fla 33032

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\*\*\*1080.00 \*\*\*1080.00

8. Name and Address of Current Registered Agent

David Beem  
12930 SW 190th St  
Miami Fla 33177

9. Name and Address of New Registered Agent

Name

Same

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

REGISTERED AGENT MUST SIGN

Date 6-26-97

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-97

Date

(305)246-0917

Daytime Phone #

FILED  
97 JUN 30 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

CR20040 (12/96)