

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 # P94000093798

1. Corporation Name

HUDSON COMMERCIAL FLOORING, INC.

Principal Place of Business

Mailing Address

4075 SEABOARD ROAD
ORLANDO FL 32808

4075 SEABOARD ROAD
ORLANDO FL 32808

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

3885 SHADER ROAD
Suite, Apt. #, etc.

3885 SHADER ROAD
Suite, Apt. #, etc.

City & State

City & State

ORLANDO FL

ORLANDO

Zip 32808 Country ORANGE

Zip 32808 Country ORANGE

4. Date incorporated or Qualified To Do Business in Florida

12/29/1994

5. FEI Number

59-3287823

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
P	HUDSON, RON SR.	4075 SEABOARD RD. 3885 SHADER ROAD	ORLANDO FL 32808
V	HUDSON, RON JR.	4075 SEABOARD RD. 3885 SHADER ROAD	ORLANDO FL 32808
VS	OLIVE, JOHN C	4075 SEABOARD RD. 3885 SHADER ROAD	ORLANDO FL 32808
V	KELLER, KRISTIN K	4075 SEABOARD ROAD 3885 SHADER ROAD	ORLANDO FL 32808
			000002732740--2
			-01/07/99--01011--013
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

JOHN C. OLIVE

Street Address (P.O. Box Number is Not Acceptable)

3885 SHADER ROAD

Suite, Apt. #, Etc.

City

ORLANDO

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. OLIVE Vice Pres.

12/30/98

Date

407-296-8770

Daytime Phone #

CR2E04C (9/98)