

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 NOV 25 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000004097

1. Corporation Name

TOM COLLINS FLOORCOVERINGS INCORPORATED

Principal Place of Business

11221 NORTHEAST 9 AVENUE  
BISCAYNE PARK FL 33161

Mailing Address

11221 NORTHEAST 9 AVENUE  
BISCAYNE PARK FL 33161

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

01/17/1995

Suite, Apt. #, etc.

534 Burleigh Ave

City & State  
Holly Hill FL

Zip  
32117

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

5. FEI Number

65-0549900

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CORN, STEPHANIE W	11221 NORTHEAST 9 AVENUE	BISCAYNE PARK FL 33161
V	COLLINS, TOM M	11221 NORTHEAST 9 AVENUE	BISCAYNE PARK FL 33161

8. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002360257--9

-12/02/97--01017--016

\*\*\*\*750,000 FL \*\*\*\*\$50.00

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

By: *Lawrence J. Spiegel*

Lawrence J. Spiegel

Date

11/23/97

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:

*TAC*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-97

Date

904 248-3800

Daytime Phone #

ORCE040 (9/97)