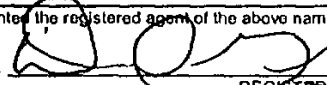
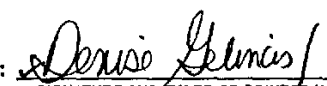


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 95000019086			
1. Corporation Name WEST COAST FLOOR SYSTEMS, INC.			
Principal Place of Business 1712 22nd Ave N ST PETERSBURG, FL 33713		Mailing Address PO Box 7833 ST PETERSBURG, FL 33734	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 3/6/95 5. FEI Number 59-3301971 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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. SECR.	DENISE GELINAS	1712 22nd Ave N	ST PETERSBURG, FL 33713
VP	DAVID GELINAS	1712 22nd Ave N	ST PETERSBURG, FL 33713
8. Name and Address of Current Registered Agent DENISE GELINAS 1712 22nd Ave N ST PETERSBURG, FL 33713		9. Name and Address of New Registered Agent 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. Signature of Registered Agent  Date 6-5-99 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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 name 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:  DENISE GELINAS Date 4/30/99 Daytime Phone # 727-896-0004 <div style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>			

REINSTATEMENT *910-99*

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*****1200.00 ***1200.00**

TB *6-10-99*

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