

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 14 AM 8:00

DOCUMENT # **P95000029036**

1. Corporation Name

**TRI CITY FLOORING, INC.**

**REINSTATEMENT** **03**

Principal Place of Business

Mailing Address

~~3132 FORTUNE WAY D-25~~  
~~WEST PALM BEACH FL 33414~~

~~3132 FORTUNE WAY D-25~~  
~~WEST PALM BEACH FL 33414~~



900023789269

10/14/03--01029--027 \*\*750.00

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

**11596 PIERSON RD.**

**11596 PIERSON RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**BLDG. M-1**

**BLDG. M-1**

City & State

City & State

**WELLINGTON, FL**

**WELLINGTON, FL**

Zip

Country

Zip

Country

**33414 USA**

**33414 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/10/1995**

5. FEI Number

**65-0568836**

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
DST	LODGE, WARREN	<del>3132 FORTUNE WAY D-25</del> <b>11596 PIERSON RD</b> <b>BLDG M-1</b>	<b>WEST PALM BEACH FL 33414</b> <b>WELLINGTON, FL 33414</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LODGE, WARREN**

~~3132 FORTUNE WAY D-25~~  
~~WEST PALM BEACH FL 33414~~

Name

**WARREN LODGE**

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

**11596 PIERSON RD.**

Suite, Apt. #, Etc.

**BLDG. M-1**

City

**WELLINGTON**

State

**FL**

Zip Code

**33414**

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

REGISTERED AGENT MUST SIGN

Date **10/9/03**

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:

**WARREN LODGE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/9/03 561-753-9006**

Daytime Phone #

CR2E040 (7/03)