

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000047616**

1. Corporation Name

ALL NU FLOORS, INC.

Principal Place of Business

2183 12TH ST
SARASOTA FL 34237

Mailing Address

2183 12TH ST
SARASOTA FL 34237

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

06/15/1995

5. FEI Number

65-0603141

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 |
|---------------|---|--|-------------------------|
| P | HENDRICKSON, CYNTHIA M. | 2183 12TH STREET | SARASOTA FL 34237 |
| D | HENDRICKSON, BONNIE E | 2183 12TH STREET | SARASOTA FL |
| D | HENDRICKSON, THOMAS C | 2183 12TH STREET | SARASOTA FL |
| D | HENDRICKSON, CARLTON T | 2183 12TH STREET | SARASOTA FL |
| | | | |
| | | | |

REINSTATEMENT 99 11 TS

8. Name and Address of Current Registered Agent

HENDRICKSON, CYNTHIA M
2183 12TH ST
SARASOTA FL 34237

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

300889046499--5
11/16/99--01104--007
***750.00 ***750.00
FL

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

Cynthia M Hendrickson
REGISTERED AGENT MUST SIGN

Date

10-11-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-99

Date

941-853-9080

Daytime Phone #