

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 12 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P95000065940*

1. Corporation Name

*The Flooring Outlet Inc*

*W-27492*

2. Principal Office Address

*1340 Stirling Rd.*

Suite, Apt. #, etc.

*Suite 1A*

City & State

*Dania Fl.*

Zip

*33004*

Country

*USA*

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

*65-0606102*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*Joseph D. Warren*

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

*525 N.W. 7th Street*

Suite, Apt. #, Etc.

City

*Dania*

State  
**FL**

Zip Code

*33004*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P</i>	<i>Joseph Warren</i>	<i>525 N.W. 7th St. Dania Fl. 33004</i>	<i>Dania Fl. 33004</i>
			<i>300003851453--2</i>
			<i>-03/13/01--01112--020</i>
			<i>****450.00 ****450.00</i>
			<i>99-01 UBR 72</i>

10. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/7/00*

Date

*(934) 925-1839*  
Daytime Phone #

CR2E081 (9/99)

## The Flooring Outlet

1340 Stirling Rd. ste. 1A  
Dania, FL. 33004

Phone (954)929-3226  
Fax (954)929-3186

March 08, 2001

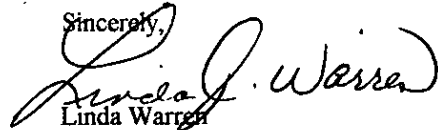
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Tyrone Scott

Dear Mr. Scott,

As per our phone conversation today I am writing this letter to request that our late fees be waived due to the fact that we never received our reinstatement notice. We did try to resolve this problem for the last year but we continually have had our paperwork sent back requesting more payment above the original request. Enclosed is the check for the amount we discussed. If we have any further problems please contact our office. Thank you for your help in this matter.

Sincerely,

  
Linda Warren