


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000077612					
1. Corporation Name Emerald Coast Flooring, Inc.					
2. Principal Office Address 106 Sikes Drive Suite, Apt. #, etc.		3. Mailing Office Address 5724 Seminole Dr. Suite, Apt. #, etc.			
City & State Crestview Fl.		City & State Crestview Fl.		4. Date Incorporated or Qualified To Do Business in Florida 10-05-1995	
Zip 32539		Country OKaloosa		5. FEI Number 59-3340970	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Michael W. Willis					
Street Address (P.O. Box Number is Not Acceptable) 5724 Seminole Dr.					
Suite, Apt. #, Etc.					
City Crestview				State FL	
				Zip Code 32536	
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 <i>Michael Willis</i> Date 3-10-04					
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	
Pres.	Michael W. Willis	5724 Seminole Dr		Crestview Fl. 32536	
V-Pres (Secy Treas)	Deborah D. Willis	5724 Seminole Dr.		Crestview Fl. 32536	
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)(f), 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: <i>Deborah Willis</i> Date 3-10-04 850-682-2165					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (01/04)

h