

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000077612

1. Entity Name  
EMERALD COAST FLOORING, INC.



Principal Place of Business  
106 SIKES DR  
CRESTVIEW, FL 32539

Mailing Address  
5724 SEMINOLE DR  
CRESTVIEW, FL 32536

FILED

07 SEP 13 PM 3: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07  
09122007 REINSTATEMENT CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3340970

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIS, MICHAEL W  
5724 SEMINOLE DR  
CRESTVIEW, FL 32536

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael W. Willis*

Michael W. Willis President

7-27-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME WILLIS, MICHAEL W  
STREET ADDRESS 5724 SEMINOLE DR  
CITY-ST-ZIP CRESTVIEW, FL 32536 ☐ Delete

TITLE  
NAME  
STREET ADDRESS ~~400109407384~~  
CITY-ST-ZIP ~~09/12/07--01062--008 \*\*900.00~~ ☐ Change ☐ Addition

TITLE VPST  
NAME WILLIS, DEBORAH D  
STREET ADDRESS 5724 SEMINOLE DR  
CITY-ST-ZIP CRESTVIEW, FL 32536 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 400109407384  
CITY-ST-ZIP 09/14/07--01024--008 \*\*900.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP *8/9/13* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael W. Willis*

Michael W. Willis President 7-27-07