


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 14 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000078967
1. Corporation Name Specialty Flooring Systems of Naples Inc.

2. Principal Office Address - No P.O. Box # <u>740 15TH ST. N.W.</u>	3. Mailing Office Address <u>740 15TH ST. N.W.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Naples FLA.</u>	City & State <u>Naples FLA.</u>
Zip <u>34120</u>	Country <u>USA</u>
Zip <u>34120</u>	Country <u>USA</u>

7. Name and Address of Current Registered Agent

Name Wayne Engelstkind

Street Address (P.O. Box Number is Not Acceptable)
740 15TH ST. N.W.

Suite, Apt. #, Etc.

City Naples **State** FL **Zip Code** 34120

000175654410
 04/14/10-01002-015 **1958.75
REINSTATEMENT 98-1D

4. Date Incorporated or Qualified To Do Business in Florida 8-30-94

5. FEI Number 650538003 **Applied For** ☐ **Not Applicable** ☐

6. CERTIFICATE OF STATUS DESIRED ☒ \$875 Additional Fee required for Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Wayne Engelstkind **Date** 4-7-10

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
P/T/S v/o/c/m	Wayne Engelstkind	671 Shearer Creek Dr.	Hayesville N.C. 28904

10. E-mail Address: _____
(To be used for future annual report notification)

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. I further certify, 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: Wayne Engelstkind **Date** 4-7-10 **Daytime Phone #** 828-3894271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/10