

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -9 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000098016

1. Corporation Name

Uic's FLOOR COVERING, INC.

2. Principal Office Address

784 Balsa DR

3. Mailing Office Address

784 Balsa DR.

Suite, Apt. #, etc. —

Suite, Apt. #, etc. —

City & State

Altamonte Spgs, Florida

City & State

Altamonte Spgs, Florida

Zip

32714

Country

U.S.

Zip

32714

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

593365605

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Victor H. Capello

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

784 Balsa DR.

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

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

Victor Capello

REGISTERED AGENT MUST SIGN

Date 12-4-03

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	<u>Victor H. Capello</u>	<u>784 Balsa DR</u>	<u>Altamonte Spgs, FL 32714</u>
U	<u>Debbie I. Capello</u>	<u>784 Balsa DR.</u>	<u>Altamonte Spgs, FL 32714</u>

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:

Victor Capello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-03

Date

407-4812624

Daytime Phone #

CR2E081 (10/02)

7