


2004 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|---|--|---------|--|---|--|--|--|
| DOCUMENT # P96000007827 1. Entity Name KIMBALL FLOOR COVERING, INC. | | | |  | | FILED 04 OCT 25 PM 1:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 750 BALDEAGLE DR MARCO ISLAND, FL 34145 | | | | Mailing Address 750 BALDEAGLE DR MARCO ISLAND, FL 34145 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 65-0639178 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent KIMBALL, THOMAS E 710 AUSTIN CT MARCO ISLAND, FL 34145 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP PT KIMBALL, THOMAS E 710 AUSTIN CT. MARCO ISLAND, FL 34145 | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VS KIMBALL, DANIEL M 1429 BERMUDA MARCO ISLAND, FL 34145 | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. | | | | 600042158976 10/25/04--01065--019 **\$150.00 <i>10/25/04</i> | | | |
| SIGNATURE: <i>Thomas E Kimball</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date _____ Daytime Phone # _____ | | | |