

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 15 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064971

1. Corporation Name

CONTEMPORARY COVERINGS, INC.

Principal Place of Business

1844 NOB HILL RD  
STE. 206  
PLANTATION FL 33322

Mailing Address

1844 NOB HILL RD  
STE. 206  
PLANTATION FL 33322

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

09-02

4. Date Incorporated or Qualified  
To Do Business in Florida

08/02/1996

5. FEI Number

65-0686900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROBERT WORKENS	4308 GRANT ST	HOLLYWOOD FL 33021
S	WORKENS, JASON M	4308 GRANT ST	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

CORPORATION CREATIONS  
4521 PGA BLVD. STE 211  
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name  
CORPORATE CREATIONS ENTERPRISES INC  
Street Address (P.O. Box Number is Not Acceptable)  
941 FOURTH ST. #200  
Suite, Apt. #, Etc.  
City  
MIAMI BEACH  
State  
FL  
Zip Code  
33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/27/99

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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/27/99 954-243-4123

CR2E040 (6/99)