

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1

FILED

98 DEC 21 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000004835
1. Corporation Name Floorguard Inc.

Principal Place of Business Mailing Address
1519 Pine Ave
Orlando FL 32824



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

4. Date Incorporated or Qualified To Do Business in Florida 1/16/97

5. FEI Number 65-0743225 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	James Cook	6230 perregine ct	Orlando FL 32820
Sec.	Carolyn Cook	6935 nw lake Gage	Angola In 46703
			800002722278--7 12/24/98 81883 816 ***150.00 ***150.00

8. Name and Address of Current Registered Agent
James Cook
6230 Perregine ct
Orlando FL 32820

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code

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] Date 12/16/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: James Cook President 12/17/98 407 888-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(2)

FLOOR GUARD



12/18/98

You will find enclosed a copy of the reinstatement application and a check for \$ 150.00.

I did not receive any letters, bills or forms to fill out for this year. There has been no correspondence from your office at any time this year. I am asking the state to wave the extra charge for reinstatement for this year.

Sincerely,

P9700000 4835

James Cook

Professional Installers of Industrial Floor Coating Systems
"Providing Solutions With Excellence"

FLOOR GUARD • 1519 Pine Avenue • Orlando, Florida 32824
407-888-3030 • Fax: 407-888-3477 • Toll Free: 888-625-6648