

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000007887**

1. Corporation Name

THE FLOORING STORE, INC.

Principal Place of Business

Mailing Address

2816 SHADER RD
ORLANDO FL 32808

2816 SHADER RD
ORLANDO FL 32808

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1997

5. FEI Number

36-4127603

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
PBD	NARCISCO, STEPHEN	11117 CRESCENT BAY BLVD	CLERMONT FL 34711
VBP	CONOVER, KIM	11117 CRESCENT BAY BLVD	CLERMONT FL 34711

100025158711
12/02/03--01039--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NARCISCO, SSTEPHEN
11117 CRESCENT BAY BLVD
CLERMONT FL 34711

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11-25-03**

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:

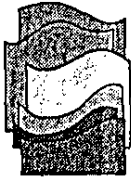
SIGNATURE REQUIRED
STEPHEN NARCISCO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-03

Date

Daytime Phone #

CR2E040 (7/03)



— FLOORING — — STORE —

Abbey Flooring Dealer

FLORIDA DEPT. OF STATE

TO WHOM IT MAY CONCERN:

THE FLOORING STORE DID NOT RECEIVE ANY PRIOR MAILING
TO THIS DOCUMENT. PLEASE WAIVE ANY LATE REESTABLISHMENT
FEES. HERE IS A CHECK IN THE AMOUNT OF
\$150.00 (ONE HUNDRED AND FIFTY).

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME
AT 407-294-7800.

THANK YOU.

Stephen Narcho

STEPHEN NARCHO

VISIT OUR SHOWROOM

2816 Shader Rd. • Orlando, FL 32808 • Phone: (407) 294-7800

(Corner of John Young Parkway)