

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 15 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000019459

1. Corporation Name

POWERS FLOORING & ASSOCIATES, INC.

W-28385

2. Principal Office Address

11001 ESTATES DEL SOL

Suite, Apt. #, etc.

City & State

RIVERVIEW

Zip

FL

Country

HILLS

3. Mailing Office Address

P.O. Box 1115

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

Zip

33569

Country

USA

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

2-21-97

SP

5. FEI Number

59-3445537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEVEN E. POWERS

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

11001 ESTATES DEL SOL

Suite, Apt. #, Etc.

City

RIVERVIEW

State

FL

Zip Code

33569

700003521607-3

01/03/01--01034--012

***1050.00 ***1050.00

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

Steven E. Powers

REGISTERED AGENT MUST SIGN

Date 10-31-00

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 |
|--------|--------------------------------------|---|---------------------|
| PRES. | STEVEN E. POWERS | P.O. Box 1115 | RIVERVIEW, FL 33569 |
| | | | |
| | | | |
| | | | |

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:

Steven E. Powers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-00

Date

Daytime Phone #

CR2E081 (9/99)