

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 13 AM 11:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000000198**

1. Corporation Name

ACTION FLOOR SERVICE, Inc.

100003335491--0

-07/25/00--01077--001

****900.00 ****900.00

REINSTATEMENT

2. Principal Office Address

449 Kingsley Ave

Suite, Apt. #, etc.

F

City & State

ORANGE PARK FL

Zip
32073

Country

USA

3. Mailing Office Address

P.O. Box 1346

Suite, Apt. #, etc.

City & State

ORANGE PARK FL

Zip

32067-1346

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 1998

5. FEI Number

59-3485358

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

MARK L. McWHORTER

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

449 Kingsley Ave

Suite, Apt. #, Etc.

F

City

ORANGE PARK

State

FL

Zip Code

32073

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

Mark McWhorter

Date

7-12-00

REGISTERED AGENT MUST SIGN

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 DIR	MARK L. McWhorter	2699 Primrose Cir	Middleburg FL. 32068

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.

KE

SIGNATURE:

Mark McWhorter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-12-00 904-278-7419