

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000071826

00 OCT 26 PM 4:17

1. Corporation Name

CONTRACT FLOORING SPECIALISTS, INC.

Principal Place of Business
Curci
3149 JOHN P GARGI DR
BLDG 1-A BOX 2
PEMBROKE PARK FL 33009

Mailing Address
Curci
3149 JOHN P GARGI DR
BLDG 1-A BOX 2
PEMBROKE PARK FL 33009



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

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0857522

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	FLEISCHMAN, EDWARD M	1825 W 44TH PL #1008	HIALEAH FL 33012
			900003458699--0 -11/09/00--01115--017 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLEISCHMAN, EDWARD M
3149 JOHN P GARGI DR
BLDG 1-A BOX 2
PEMBROKE PARK FL 33009

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.

Signature of
Registered Agent

Signature of Edward M. Fleischman
REGISTERED AGENT MUST SIGN

Date x 10/24/00

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 of Edward M. Fleischman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date x 10/24/00

Daytime Phone #

CONTRACT FLOORING SPECIALISTS, INC.

3149 JOHN P. CURCI DRIVE
BLDG. 1-A, BAY 2
PEMBROKE PARK, FL 33009-3834
TEL. (954)-893-8611

October 24, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

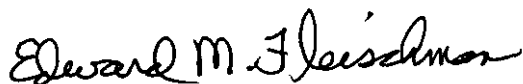
Re: Administrative Dissolution or Revocation
P98000071826
Federal I.D. # 65-0857522

Gentlemen:

Enclosed please find our check in the amount of \$150.00, dated 10/24/00, #1639, for our annual Corporate fees. As per a conversation with one of your employee's we are sending you our check. We hope that you will accept this check and waive any and all penalties, which we may have incurred due to this form not being filled when due. We had not previously received this form.

Your anticipated cooperation would be greatly appreciated. Thanking you in advance.

Very truly yours,



EDWARD M. FLEISCHMAN
PRESIDENT

Enclosures