

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000101111

1. Corporation Name

MAHONEY'S FLOORING INSTALLATIONS, INC.

99AR

FILED

99 DEC -3 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

508 C-2 SEA OATS DR.
JUNO BEACH FL 33408

Mailing Address

508 C-2 SEA OATS DR.
JUNO BEACH FL 33408

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

12/04/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0880141

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 And Annual 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MAHONEY, PATRICK	508 C-2 SEA OATS DR.	JUNO BEACH FL 33408

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSILLO, ROBERT A
501 SEA OATS DR.
JUNO BEACH FL 33408

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.12.99 561 758 0178.

04/19/99 90044 011 15600

Garrison Accounting & Tax Service, Inc.

14432 U.S. Highway One
North Palm Beach, Florida 33408
(561) 624-3392

November 8, 1999

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

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Re: Mahoney's Flooring Installations, Inc.
Document #P98000101111

Gentlemen:

Enclosed is an application for reinstatement prepared for the above-referenced corporation as instructed by your office.

Apparently the original annual report form was returned by your office for signature and has been lost.

We would appreciate your notification of the reinstatement to this office. We will be happy to answer any questions you may have.

Very truly yours,

Glenda B. Garrison
Glenda B. Garrison
Enrolled Agent