

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

01 NOV 26 AM 10:00

DOCUMENT # **P99000110610**

1. Corporation Name

**AFFORDABLE SURFACES, INC.**

Principal Place of Business

11750 PHILLIPS HWY.  
JACKSONVILLE FL 32256

Mailing Address

11750 PHILLIPS HWY.  
JACKSONVILLE FL 32256

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/1999

5. FEI Number

59-3621326

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>ST</del>	<del>BATTEN, NANCY K</del>	<del>2352 LONGMONT DRIVE</del>	<del>JACKSONVILLE FL 32246</del>
<del>P</del>	<del>OLIVER, JAMES R</del>	<del>4 OCEAN TRACE RD</del>	<del>ST AUGUSTINE FL 32084</del>
PST	OLIVER, JAMES R	4 OCEAN TRACE RD	ST AUGUSTINE, FL 32084
			200004716982--4
			-12/10/01--01088-025
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

OLIVER, JAY ROSS  
4 OCEAN TRACE RD.  
ST. AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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

REGISTERED AGENT MUST SIGN

Date

11/20/01

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 #

JAMES R. OLIVER 11/20/01 9042684009