PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 22 PM 6:19

CORPORATION REINSTATEMENT

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

REINSTATEMENT 60-01

DOCUMENT # P99000111783

1. Corporation Name

FLOORS TRANSFORMED, INC.

2. Principal Office Address	3. Mailing Office Address
4071 BROOKFIELD COURT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FLA.	City & State
Zip: 32257 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 12-23-99

5. FEI Number: 34-1786214 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: THOMAS SHAY

500004671485--3
-11/07/01--01077--021
****900.00 ****90.00

Street Address (P.O. Box Number is Not Acceptable): 4071 BROOKFIELD COURT

Suite, Apt. #, Etc.

City: JACKSONVILLE State: FL Zip Code: 32257

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: Thomas Shay Date: 10/18/01
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
P+D	THOMAS SHAY	4071 BROOKFIELD COURT	JACKSONVILLE, FL 32257
Sec	JONATHAN ATWOOD	10927 KERALIO DRIVE	JACKSONVILLE, FL. 32246
Treas	ARRON HOFFER	1158 NATIVE DANCER CT	JACKSONVILLE, FL 32218

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: Thomas Shay 10/18/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #