

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000111783**

1. Corporation Name

**FLOORS TRANSFORMED, INC.**

Principal Place of Business

Mailing Address

**4071 BROOKFIELD COURT  
JACKSONVILLE FL 32257**

**4071 BROOKFIELD COURT  
JACKSONVILLE FL 32257**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/23/1999**

5. FEI Number

**34-1786214**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SHAY, TOM	4071 BROOKFIELD COURT	JACKSONVILLE FL 32257
S	ATWOOD, JONATHAN	10927 KERALID DRIVE	JACKSSONVILLE FL 32246
T	HOFFER, ARRON	1158 NATIVE DANCER CT	JACKSONVILLE FL 32218

400023750914  
10/13/03--01069--017 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SHAY, TOM**  
**4071 BROOKFIELD COURT**  
**JACKSONVILLE FL 32257**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Thomas Shay*  
REGISTERED AGENT MUST SIGN

Date

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:

*Thomas Shay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-10-03**

Date

Daytime Phone #

CR2E040 (7/03)

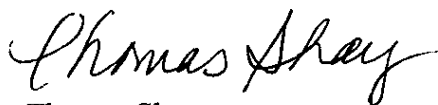
October 10, 2003

I am writing in regards that this Corporation, did not receive any prior notices in the mail regarding the Uniform Business Report. We would like for the Corporation to be reinstated and all fees waived. We have made complaints to the Post Office about not receiving our mail, so hopefully, this will not happen again.

I have made a copy of this information and will keep it in case we have not received it next year.

Thank you for your time,

Sincerely,

A handwritten signature in cursive script that reads "Thomas Shay".

Thomas Shay  
Floors Transformed, Inc  
4071 Brookfield Ct.  
Jacksonville, FL 32257