FLORIDA DEPARTMENT OF STATE Spring and Mortham Societary of State DIVISION OF CORPORATIONS PLANT AT STATE OF STATE DIVISION OF CORPORATIONS PAPR 30 PM 1: 02 PAPR 30 PM 1:	PLEASE READ A	ALL INSTRUCTIONS	BEFORE COMPLETING THIS FORM.		
DOCUMENT #S75388 1. Corpolation Name SULVAPTER FLOOR ING. INC. ZSSZ BUILF GREEZE PKNY Builf Greez	FOR	Sandra B. Mort Secretary of S	tham FUED		
1. Coopedation Name SHUWATER FIDALISM Laif BREEZE PKWY Luif BREEZE PK 37561 Product Plans of Business Main g Address SAME AS ABOVE REINSTATEMENT 2 - 92 If above addresses are incorrect for any way, line through incorrect information and and coopedations Same AS ABOVE REINSTATEMENT 2 - 92 If above addresses are incorrect for any way, line through incorrect information and and coopedations Sulfa, Apil F, etc. 2 New Principal Office Address, If Applicable Sulfa, Apil F, etc. Sulfa, Apil F, etc.			DIVISION OF CORPORATIONS		
TSSZ BUIF BREEZE FL 3ZSL1 Principal Place of Business Natiling Address REINSTATEMEN 2 - 92 If above addresses are incorrect in any way, line through incorrect incomasion and enter completed by the completed and principal Chick address, If Apolicable 3. New Maring Address, If Apolicable 3. New Address of Carrier in Costs 4. Dear Incorporated of Carrier in Costs 5. Dear Incorporated of Carrier in Costs 6. Dear Incorporated on Dear Incorporated I			97 APR 30 PM 1: 02		
EULE BREEZE, FL 37564 Principal Place of Business Maling Address REINSTATEMEN Pag-97 If above addresses are morreed in any way, line through incorrect information and ontor codes colobor. 2. New Principal Office Address, If Applicable 3. New Maling Address If Applicable 4. Date Incorporation of Qualified 1. Date Incorporation Date Incorporation Qualified 1. Date Incorporation Date Incorporation Qualified 1. Date Incorporation Date Incorp	1701011	Flooring, INC.			
Principal Place of Business Same AS ABOV & REINSTATEMEN 92 - 97	755 2 BUIL	SKEEZE FRIVY			
If above addresses are incorrect in any way, line Brough incorrect Information and enter concluded. New Principal Office Accress, if Applicable 3. New Making Address. if Applicable 4. Date Recorded in Enter Dustilities 4. Date Recorded	Principal Place of Business				
H above addresses are incorrect in any way, line through incorrect information and enter code Globow. 2. New Phincipal Office Address. If Applicable 3. New Maring Address. If Applicable 3. New Maring Address. If Applicable 5. FER Number 6. FER Number 6. CERT FICAL C P STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Name of Officers 8. Name and Address of Current Registered Agent P ROBERT E, EIMORE 4. List Port of Current Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name 8. Name and Address of Current Registered Agent Name 8. Name and Address of Current Registered Agent Name 9. Name and Address of New Registered Agent Name 10. Name and Address of New Registered Agent Name 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 12. Lot being specified in the Internation augusted with Pas tang is outherably funded and does not apply to take corporation to district soft in control or internation on intendigible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 12. Lot being verify that the Internation augusted with Pas tang is outherably funded and does not apply to take corporation or intendigible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 12. Lot being verify that has no officer or deed or other becomes for specified to secure this agricus on a pooled for in control or intendigible control or intendigible control or deed or of the cooker or through the passes of the Dept. Officer of the cooker or through the passes of the Dept. Officer of the cooker or through the passes of the Dept. Officer of the cooker or through the passes of the Dept. Officer of the cooker o	· 🖍	•			
2. New Marine and Office Address. If Applicable Suite, Api 4, etc. Suite, Api 4, etc	REINSTATEMENT 92-97				
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City & State Ci			To Do Business in Florida	1991	
The country September Se	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applie		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Point and/or Directors Name of Officers Name of Office	City & State	City & State		pplicable	
Robert E, Elmore Street Address of Each City / State / Zip	Zip Country	Zip Country	CERTIFICATE OF STATUS DECIDED 38.75 Additional Fe		
Title(s) 2 and/or Directors 3 (Do NOT Use Post Office and/or Director) 4 City / State / Zp P ROBERT E. EIMORE 414 NORW.C.H.DR. CHIEBRY 272. FL 32561 P ROBERT E. EIMORE 414 NORW.C.H.DR. CHIEBRY 272. FL 32561 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) To 0. I, being appointed the regulaced agent 1 the above named by proration, and familiar with and accept the obligations of Section 607 0505, F.S. Signature of Registered Agent 9. State 7. Section 119. Or 0505, F.S. To 0. I, being appointed the regulaced agent 1 the above named by proration, and familiar with and accept the obligations of Section 607 0505, F.S. To 0. I, being appointed the regulaced agent 1 the above named by proration, and familiar with and accept the obligations of Section 607 0505, F.S. To 0. I, being appointed the regulaced agent 1 the above named by proration 119. Or 0505, F.S. To 0. I, being appointed the regulaced agent 1 the above named by proration 119. Or 0505, F.S. To 0. I, being appointed the regulaced agent 1 the above named by proration 119. Or 0505, F.S. State 7. Section 119. Or 0505, F.S. Section 119. Or 0505, F.S. Section 119. Or 0505, F.S. State 7. Section 119. Or 0505, F.S. Section 119.	7. Names and Street Addresses of Each Officer and/o	r Director (Florida nonprofit corporal	tions must list at least 3 directors)		
8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 8. Name 8. Name and Address of New Registered Agent 8. Name 8. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent	Title(s) and/or Directors	Offi	icer and/or Director City / State / Zip		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) State Zip Code FL 10. I, being appointed the repole of agent of the above named proporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax) 12. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access it onlife that I am an officer or director or the receiver or trustee empowered to execute his application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement annication the reason for dissolution has been eliminated, the corporate many satisfies he requirements of section 607.0401 or 617.0401, F.S., and that all fees over 00 by the corporation have been paid 17 he information indicated on this application is true and accurate, and my signature shall have the same legial effect as if made	P ROBERT E, EIMO	ORE 414 NORW	700002187007- -05/21/97011080	1. 01	
Suite, Apt. #, Etc. State City State City	Name and Address of Current R	egistered Agent			
2552 Gut F Breeze, FL State City City State FL S	Street Address (P.O. Box Number is Not Acceptable)				
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SIGNATURE: x Lobert E. Emore x2/1197 x934-9652					