

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S82912

1. Corporation Name

FLOOR IMAGES INTERNATIONAL, INC.

REINSTATEMENT

Principal Place of Business

824 DEL PRADO BLVD
CAPE CORAL FL 33990
US

Mailing Address

P. O. BOX 56
CAPE CORAL FL 33910
US

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

09/26/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0288563

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	MANSSON, LARS	3613 DEL PRADO BLVD.	CAPE CORAL FL
			800002404818--5
			800002404818--5
			01/28/98 01085-5001-75 ****308.75 ****308.75

8. Name and Address of Current Registered Agent

MANSSON, LARS
3619 DEL PRADO BLVD.
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

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

Lars Mansson

REGISTERED AGENT MUST SIGN

Date 1-16-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Lars Mansson Pres

Date

Daytime Phone #

1-16-98

941 549 7400

CR2E040 (8/97)



ACCOUNT NO. : 072100000032

REFERENCE : 673082 80356A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : January 19, 1998

ORDER TIME : 10:35 AM

ORDER NO. : 673082-005

CUSTOMER NO: 80356A

CUSTOMER: Robert M. Lipshutz, Esq
Robert M. Lipshutz, Esq
3613 Del Prado Boulevard S.

Cape Coral, FL 33904

DOMESTIC FILINGS

NAME: FLOOR IMAGES INTERNATIONAL,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS _____

File
156
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FILED
98 JAN 20 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
98 JAN 20 AM 8:39
DIVISION OF CORPORATION