PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED
1997 JAN 30 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT #V41535

Ultimate Floor Covering, Inc.
850 - D Sea Gate Drive
Naples, Fl. 33940

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 5002 N. Tamiami Trail
City and State: Naples, FL. Zip Code: 34103

3. If Principle Office Address is different from mailing address, enter address below:

Address: 900002076419--8
-02/04/97--01011--003
City and State: ****915.00 Zip Code: ****915.00

4. Date Incorporated or Qualified To Do Business in Florida: June 5, 1992

5. FEI Number: 65-0344718

FEI Number Applied For ☐
FEI Number Not Applicable ☐

6. $0.00

CERTIFICATE OF STATUS DESIRED ☐

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
Pres.	Bill J. Martin	6381 Bottlebrush Lane	Naples, FL. 34109
V.Pres.	Richard L. Howard, SR.	3475 Golden Gate Blvd. W.	Naples, FL. 34120
Sec.	Donna L. Howard	3475 Golden Gate Blvd. W.	Naples, FL. 34120
Tres.	Marcia A. Martin	6381 Bottlebrush Lane	Naples, FL. 34109

REINSTATEMENT 1/30/97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Donna L. Howard
850 - D Sea Gate Drive
Naples, FL. 33940

9. If changed, new registered agent / office

Name: Donna L. Howard
Street Address (Do NOT Use P.O. Box Number): 5002 N. Tamiami Trail
Street Address (Do NOT Use P.O. Box Number):
City: Naples, State: FL. Zip: 34103

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: Donna L. Howard Date: 1-28-97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: [signature] Date: 1-28-97 Daytime Phone #: 941-262-2814

Typed or printed name of signing officer or director: