

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 OCT 24 AM 9:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000029486**

1. Corporation Name

ALL ABOUT FLOORING OF LAKELAND, INC.

Principal Place of Business

Mailing Address

5850 LAKE GROVE DR
 LAKELAND FL 33809

5850 LAKE GROVE DR
 LAKELAND FL 33809

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

03/08/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

020568550

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	4 City / State / Zip
DP	BARBOSA, PABLO	5850 LAKE GROVE DR	LAKELAND FL 33809
V	SANTIAGO, MELVIN	8005 CHEYENNE LANE	LAKELAND FL 33810
✓	Barbosa, Jessica	5850 Lake Grove DR.	Lakeland FL 33809

600024081716
 10/24/03--01023--020 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEITH, W.C.
 1517 COMMERCIAL PARK DR
 LAKELAND FL 33801

Name **Jessica Barbosa**
 Street Address (P.O. Box Number is Not Acceptable)
5850 Lake Grove DR.
 Suite, Apt. #, Etc.
 City **Lakeland** State **FL** Zip Code **33809**

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 *Jessica Barbosa*
 REGISTERED AGENT MUST SIGN

Date **10/16/03**

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:

Jessica Barbosa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/16/03** (863)815-7094
 Daytime Phone #

CR2EM40 (7/03)

All About Flooring of lakeland Inc.



5850 Lake Grove Dr. ♦ Lakeland, FL ♦ 33809
Phone (863)221-8164 ♦ Home Phone (863)815-7094

October 21, 2003

TO WHOM IT MAY CONCERN:

The present letter is to inform you that I have not received any form about my corporation since I start my company 1 year ago. This is the first time I received a form or a letter about the corporation. In close I send you a check on the amount of 150.00 dollars, this letter and the form the I received recently. Thank you and I will appreciate any you can do for me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pablo Barbosa Jr." with a small flourish at the end.

Pablo Barbosa Jr.