

PO3000048348

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 12 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO3000048348**

1. Corporation Name
INNOVATIVE FLOORING INSTALLATION INC

W06000053392

PK

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address
1007 N. FORT HARRISON AVE

3. Mailing Office Address
1007 N. FORT HARRISON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLEARWATER FL

City & State
CLEARWATER, FL

Zip
33755

Country

Zip
33755

Country

4. Date Incorporated or Qualified To Do Business in Florida
4/28/2003

5. FEI Number
830355902

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MANUEL T PEREZ

Street Address (P.O. Box Number is Not Acceptable)
1007 NORTH FORT HARRISON AVE

Suite, Apt. #, Etc.

City
CLEARWATER

State
FL

Zip Code
33755

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
Manuel T. Perez
REGISTERED AGENT MUST SIGN

Date
12-08-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MANUEL T PEREZ	1007 N. FORT HARRISON	CLEARWATER, FL 33755

3110092443253
12/11/06--01056--003 **308.75

REINSTATEMENT 2005-2006

10. 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 contained in Chapter 119, 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: *Manuel T. Perez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-08-06 **813-230-5709**
Date Daytime Phone #

ATT: [unclear]

P03000048348

DECEMBER 8, 2006

FILED
06 DEC 12 AM 10:22
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

TO WHOM IT MAY CONCERN:

**MR MANUEL T. PEREZ DID NOT RECEIVE THE ANNUAL
REPORT NOTICES FOR THE YEAR OF
DISSOLUTION/REVOCATION.**

**MR PEREZ HAD BEEN DIVORCED AND HIS EX WIFE
WAS NOT FORWARDING HIS MAIL TO HIM.**

Manuel T. Perez