PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 MAY -4 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15000018409

1. Corporation Name
Floorplay Enterprises Inc

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
13404 tall palm place		13404 tall palm place	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203	
City & State Riverview FL		City & State Riverview, FL	
Zip 33578	Country USA	Zip 33578	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 2/26/2015

5. FEI Number 47-3294907 ☐ 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 Shanta Alford

Street Address (P.O. Box Number is Not Acceptable) 13404 Tall palm place

Suite, Apt. #, Etc. 203

City Riverview | State FL | Zip Code 33578

500298858165
05/04/17--01007--006 **500.00

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 [signature] Date 4/26/17
REGISTERED AGENT MUST SIGN

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	Victor Alford	13404 Tall palm place Apt. 203	Riverview, FL 33578
V	Shanta Alford	13404 Tall palm place Apt. 203	Riverview, FL 33578
	REINSTATEMENT	MAY 4 2017	
		R. HUNT	

10. E-mail Address: daisymae2.sa@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 4/26/17 813-900-0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #