

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 21 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT# **P02000108616**

1. Corporation Name

SOLID GROUND FLOORING INC

2. Principal Office Address

616 NW 47th STREET

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33064

Country

3. Mailing Office Address

616 NW 47th STREET

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33064

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/2002

5. FEI Number

35-2183597

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

TAX HOUSE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

1261 E SAMPLE ROAD

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

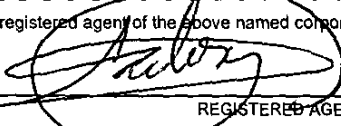
FL

Zip Code

33064

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



Accountant - Tax House

Date **10/16/03**

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 |
|--------|--------------------------------------|---|-------------------------|
| PD | RESENDE, JOAO M | 624 NW 47th Street | POMPANO BEACH, FL 33064 |
| VD | MARQUES, RICARDO B | 616 NW 47th STREET | POMPANO BEACH, FL 33064 |
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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 under section 1 19.07(3)(1), 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

Date

Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2003 Uniform Business Report (UBR)
P.O. BOX 6327
Tallahassee, FL 32314

Re: *Filing of Uniform Business Report 2003*
P02000108616
SOLID GROUND FLOORING, INC.

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail, for this reason my company became inactive.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 per year and accept the filling of our attached Corporation Reinstatement Form, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. Carlos Gomes.

Sincerely, 

JOAO M RESENDE - PRESIDENT
SOLID GROUND FLOORING, INC.