

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATION

09 DEC 15 AM 11:27

DOCUMENT # L06000022717

1. Corporation Name

TAMPA FLOORING RESTORATION SERVICES LLC

REINSTATEMENT 2008-09 284

2. Principal Office Address - No P.O. Box #

4900 NORTH MACDILL AVE

Suite, Apt. #, etc.

B 23

City & State

TAMPA FL

Zip

33614

Country

USA

3. Mailing Office Address

4900 NORTH MACDILL AVE

Suite, Apt. #, etc.

B 23

City & State

TAMPA FL

Zip

33614

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida FLORIDA USA

5. FEI Number

20-4406238

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

CALUDIA MEJIA P

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

4900 NORTH MACDILL AVE

Suite, Apt. #, Etc

B 23

City

USA

State

FL

Zip Code

33614

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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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

CLAUDIA MEJIA

REGISTERED AGENT MUST SIGN

Date 11/12/2009

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	CALUDIA MEJIA P	4900 NORTH MACDILL AVE	TAMPA FL 33614

10. E-mail Address:

(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., 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.

SIGNATURE: *CLAUDIA MEJIA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/2009 813-850-6124

Date

Daytime Phone #