

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LLC
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 APR -5 PM 1:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L13000102614

1. Corporation Name

ALLOR FLOORS, LLC

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

2035 DELLWOOD DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE

City & State

Zip

FL

Country

32303

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

463227132

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

CHARLES E ALLOR JR

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

2035 DELLWOOD DR

Suite, Apt. # Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

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
MGR	CHARLES E ALLOR JR	SAME AS ABOVE	
MGR	DANA L SCHWARTZ	SAME AS ABOVE	

10. E-mail Address: **ALLORFLOORS@LIVE.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #