

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000016656

1. Corporation Name

WOOD-FLOORS "R" US-INC.

Principal Place of Business

~~1307 GENOA~~
~~CORAL GABLES FL 33134~~

Mailing Address

1307 GENOA
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~55-81 SW 8th St~~
~~Miami, FL~~

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

~~33134~~ MIAMI-DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/2000

5. FEI Number

X 65-0983659

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BONACHEA, ARIEL	1307 GENOA	CORAL GABLES FL 33134
VD	MARICHAL, ROGELIO	62 NW 73 PLACE	MIAMI FL 33126
			700004706087--9 -12/05/01--01055--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BONACHEA, ARIEL
1307 GENOA
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
ARIEL BONACHEA
Street Address (P.O. Box Number is Not Acceptable)
1307 GENOA
Suite, Apt. #, Etc.
CORAL GABLES
City

State
FL
Zip Code
33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/15/2001

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/2001 (305) 2678581

Daytime Phone #