PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 AUG 21 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/12/02--01005--020
****300.00 ****300.00

DOCUMENT # P00000038855

1. Corporation Name

Premier Verticals + Floors, INC.

2. Principal Office Address	**3.** Mailing Office Address
829 W. Birchwood cir	829 W. Birchwood cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Kissimmee FL	
City & State	City & State
	Kissimmee FL
Zip 34743 Country Osceola	Zip 34743 Country Osceola

4. Date Incorporated or Qualified To Do Business in Florida 4/12/00

5. FEI Number 59-3639445 ☐ 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: Jose M. Loperena

Street Address (P.O. Box Number is Not Acceptable): 829 W. Birchwood Cir ~~Kissimmee FL~~

Suite, Apt. #, Etc.:

City: Kissimmee State: FL Zip Code: 34743

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 _____ Date 8/20/02.

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Owner	Jose M Loperena	829 W. Birchwood cir	Kissimmee FL 34743
VP/Secretary	Nancy Loperena	829 W. Birchwood cir	Kissimmee FL 34743

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 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: _____ 8/20/02 (321)689-9003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Premier Verticals + Floors
829 W. Birchwood cir
Kissimmee FL 34743
(407)943-7588 (407)943-7599 (FAX)

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TO: Secretary of State
Division of Corporations

BACK in April 2000 We formed A Corporation
Our Address ~~AT~~ THAT TIME WAS 209 W. Cypress St
Kissimmee FL 34741.
Due TO Personal Problems My Bussines was NOT
Doing Good So I was Force TO Close Shop
~~After~~ 2 or 3 months After opening.
Leaving A P.O. Box ~~#~~ only.
After Six Months I NO longer had The P.O. Box
My Register Agent was Gregg WAKEFIELD An Attorney,
He ALSO Close Shop → Due TO Personal Proplems.
IN The Meantime I Never GOT The Forms.
My wishes ~~AT~~ This Time is TO ~~REINSTATE~~
The Corporation

Best regards
Jose Lopez NA

NOTE: Please Consider reducing The Fees of $900.00
Due TO the ~~FACT~~ I've Never Received the MAIL.