

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG 11 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 700000069045

**1. Corporation Name**

SPARKLING FLOORS OF  
MIAMI, INC.

**2. Principal Office Address**

13237 NW 4 TERRACE

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33182

Country

**3. Mailing Office Address**

13237 NW 4 TERRACE

Suite, Apt. #, etc.

City & State

Miami Fla

Zip

33182

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/17/2000

**5. FEI Number**

☒ 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

Modesto Gutierrez

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

13237 NW 4 TERRACE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33182

**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

Modesto Gutierrez Registered Agent

Date

8/8/2003

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
Pres.	Modesto Gutierrez	13237 NW 4 TERRACE	Miami FL 33182

REINSTATEMENT 01-03

TS

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Modesto Gutierrez President

Date

8/8/2003

Daytime Phone #

305 225 1001

CR2E081 (10-02)