

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF CIRCUIT COURT  
DIVISION OF CORPORATIONS  
04 JUL 19 AM 9:51

DOCUMENT # P00000106748

**1. Corporation Name**

PINHEIRO FLOOR COMPANY

6249 BENT PINE DR.  
6249 BENT PINE DR.

**2. Principal Office Address**

6249 BENT PINE DR.

Suite, Apt. #, etc.

920B

City & State

ORLANDO FL

Zip

32822

Country

**3. Mailing Office Address**

6249 BENT PINE DR.

Suite, Apt. #, etc.

920B

City & State

ORLANDO FL

Zip

32822

Country

REINSTATEMENT 03-04

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

**5. FEI Number**  
59-3682475

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

LUCIEL S. PINHEIRO

Street Address (P.O. Box Number is Not Acceptable)  
6249 BENT PINE DR.

Suite, Apt. #, Etc.  
920B

City  
ORLANDO

State  
FL

Zip Code  
32822

600039301166  
07/19/04--01033--007 \*\*300.00

**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

*Luciel S. Pinheiro*

Date 07/13/2004

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
DPST	LUCIEL S. PINHEIRO	6249 BENT PINE DR. APT. 920B	ORLANDO FL 32822

**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:

*Luciel S. Pinheiro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/13/2004

Date

407-240-5722

Daytime Phone #