

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 30 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100163920771
12/23/09--01034--015 **158.75

REINSTATEMENT 08-09

CR2E081 (11/09)

DOCUMENT # P00000117016

1. Corporation Name

Floors Discount Inc.

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

8362 Pines Blvd

Suite, Apt. #, etc.

412

City & State

Pembroke Pines

Zip

33024

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 12/1999

5. FEI Number

651078181

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Neftali Arriaga

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

8362 Pines Blvd

Suite, Apt. #, Etc.

412

City

Pembroke pines

State

FL

Zip Code

33024

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

REGISTERED AGENT MUST SIGN

Date 12/03/2009

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
PVD	Neftali Arriaga	8362 Pines Blvd 412	Pembroke Pines FL 33024
VP	Yolanda Jimenez	2286 SW 126 Ave.	Miramar FL 33027
Sec	Abigail Arriaga	18062 SW 27 St.	Miramar FL 33029

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12/30/09--01042--001 **150.00

10. E-mail Address: nickarraga@gmail.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., 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/2009 305-537-8715

Date

Daytime Phone #

12/31/09