

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 29 PM 4:49

DOCUMENT # P010000016906

1. Corporation Name

D.T.R. Custom Floors, INC.

REINSTATEMENT 03-04

2. Principal Office Address

181 NW 66th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

181 NW 66th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

400032272674

04/09/04--01036--014 \*\*150.00

GP

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

05-1076002

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

Ron Cioffi

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

181 NW 66th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33309

400032272674

04/29/04--01067--025 \*\*150.00

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

Ron Cioffi

REGISTERED AGENT MUST SIGN

Date

4/3/04

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
P	Ron Cioffi	181 NW 66th Street	Fort Lauderdale, FL 33309

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:

Ron Cioffi

Ron Cioffi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/04 (954) 444 1197

Date

Daytime Phone #

CR2ED01 (01/04)

D.T.R. Custom Floors, Inc.  
181 NW 66<sup>th</sup> Street  
Fort Lauderdale, FL 33309

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

March 19, 2004

Doc. Loc.# P01000016906

To Whom It May Concern:

Please find our check in the amount of \$150.00 for the reinstatement of our corporation for the year 2003. We did not receive the Uniform Business Report in the mail.

Thank you in advance for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Ron Ciolfi". The signature is written in dark ink and is positioned to the right of the word "Sincerely,".

Ron Ciolfi  
President