

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 20 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048930

1. Corporation Name

FLORIDA FLOOR DESIGNS, CORP.

Principal Place of Business

15570 S.W. 57TH STREET
MIAMI FL 33193

Mailing Address

15570 S.W. 57TH STREET
MIAMI FL 33193

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2001

5. FEI Number

651103040

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MUSTELIER, ELERIS M	15570 S.W. 57TH STREET	MIAMI FL 33193

800009113318

11/20/02 01068 012 **150.00

8. Name and Address of Current Registered Agent

MUSTELIER, ELERIS M
15570 S.W. 57TH STREET
MIAMI FL 33193

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/08/02

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/08/02

CR2E040 (8/02)

November 8, 2002

Hon. Jim Smith
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Document # P01000048930 Florida Floor Design, Corp. Application for Reinstatement.

Dear Mr. Smith: This letter is in reference to the subject line to request to waive the reinstatement fee because I did not receive the uniform business report (UBR) notices that I should have in order to file the annual report.

I believe that even if I did not receive them, I should have contacted your office, but this is my first time as a corporation owner, and all details of filing were unknown to me. I have handed now these tasks to someone who can help me, so this oversight does not happen again.

I have enclosed with this letter the form for reinstatement, as well as the check for \$150.00 to cover the fee to file the report.

Thanks,


Elan Mustelier
President