

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 MAR - 1 - AM - 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

700030105127

03/09/04--01042--006 **150.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 101-68144			
1. Corporation Name PABLO'S FLOORING			
2. Principal Office Address 108 SW 7 TERRA Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State HALLANDALE, FL		City & State	
Zip 33009	Country BROWARD	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 77-0615988	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name PABLO MATUTE		
Street Address (P.O. Box Number is Not Acceptable) 108 SW 7 TERRA		
Suite, Apt. #, Etc.		
City HALLANDALE	State FL	Zip Code 33009

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

Date

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	PABLO MATUTE	108 SW 7 TERRA	HALLANDALE, FL 33009

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

02/25/04

Date

786-2868488

Daytime Phone #

CR2ED81 (10/02)

PABLO'S FLOORING

TO WHOM MAY CONCERN.

THE PAST TWO MONTHS I BEEN HAVING SOME PROBLEMS WITH MY INSURANCE COMPANY AND ESPECIAL WHEN I APLY TO BUY A HOUSE AND THEY TOLD MY THAT MY CORPORATION IN BEEN CANCEL, SO I CALL A FEW A DAYS AGO AND FACT THERE IS CANCEL FOR THE REASON THAT I NEVER SEND MY ANUAL PAYMENT THAT I SUPPOST TO RECIEVE IN THE MAIL. WHICH WE NEVER RECEIVE IN THE MAIL. WHEN WE CHECH THE ADDRESS IT WAS WRONG AND IT LOOKS LIKE YOU RECIEVE THOSE LETTERS BACK TO YOU OFFICE. A FEE OF \$ 600.00 IS BEEN APPLY TO MY CORPORATION FOR BEEN LATE BUT IN FACT WE DIDN'T MEAN TO BE LATE IT WAS COMPUTER ERRORS. THE PERSON ON THE PHONE TOLD ME THAT SHE COULD NOT DO ANYTHING ABOUT IT AND I NEED IT TO WRITE A LETTER EXPLAINING THE PROBLEM SO THEY CAN REMOVE THE FEE FROM MY FILE AND SEND ALONG WITH THE LETTER THE PAYMENT OF \$ 150.00. WE ARE A VERY SMALL COMPANY IN MIAMI WITH NOT A LARGE INCOME PLEASE I HOPE YOU UNDERSTAND MY PROBLEM AND WISH TO BE FIX A S A P IN OTHER FOR MY CORPORATION TO BE REINSTATE.

THANK YOU FOR YOU UNDERSTANDING.

SINCERELLY PABLO MATUTE
PRESIDENT

108 SW 7 TH TERRA
HALLANDALE, FL
33009