

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 23 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068415.

1. Corporation Name

A TAMPA FLOORING CO., INC.

000009485620  
12/12/02--U1034--006 \*\*158.75

2. Principal Office Address

3909 E. HILLSBOROUGH

Suite, Apt. #, etc.

NA

City & State

TAMPA, FL.

Zip

Country

33610

HILLSBOROUGH

3. Mailing Office Address

3909 E. HILLSBOROUGH AVE.

Suite, Apt. #, etc.

NA

City & State

TAMPA, FL.

Zip

Country

33610

HILLSBOROUGH

4. Date Incorporated or Qualified  
To Do Business in Florida

12/31/01

5. FEI Number

59-3731541

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

ALEJANDRO ROJAS

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

3909 EAST HILLSBOROUGH AVE.

Suite, Apt. #, Etc.

NA

City

TAMPA

State

FL

Zip Code

33610

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

*Alejandro Rojas*  
ALEJANDRO ROJAS  
REGISTERED AGENT MUST SIGN

Date

12/5/02

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
PRESIDENT	ALEJANDRO ROJAS	3909 E. HILLSBOROUGH AVE	TAMPA, FL. 33610

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: ☒

*Alejandro Rojas*  
ALEJANDRO ROJAS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/02

Daytime Phone #

813-234-4231

CR2E081 (9/01)

A TAMPA FLOORING CO. INC.  
3009 E. HILLSBOROUGH AVE.  
TAMPA, FL. 33610

12/5/02

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

~~To whom it may concern:~~

I never recieved any notice of fees due for the coporation,  
If I had known .I would have sent in my corprate fee in on time.

SINCERLY YOURS

  
ALEJANDRO ROJAS  
