

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

03 OCT 21 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000083398

1. Corporation Name

FOURTEEN FLOORING CORP.

2. Principal Office Address

4095 STATE ROAD 7

Suite, Apt. #, etc.

SUITE L - 125

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

3. Mailing Office Address

4095 STATE ROAD 7

Suite, Apt. #, etc.

SUITE L-125

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2001

5. FEI Number

65-1134197

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

MOURA, WELLINGTON S.

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

4095 STATE ROAD 7

Suite, Apt. #, Etc.

SUITE L-125

City

LAKE WORTH

State

FL

Zip Code

33467

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

Wellington Moura
REGISTERED AGENT MUST SIGN

Date 10/14/03

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	MOURA, WELLINGTON S.	4095 STATE ROAD 7 SUITE L-125	LAKE WORTH, FL 33467

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:

Wellington Moura
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03

Date

(754) 244-0400

Daytime Phone #

CR2E081 (10/02)

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2003 Uniform Business Report (UBR)
P.O. BOX 6327
Tallahassee, FL 32314

Re: *Filing of Uniform Business Report 2003*

P01000083398

FOURTEEN FLOORING CORP.

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail, for this reason my company became inactive.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 per year and accept the filling of our attached Corporation Reinstatement Form, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. Fernanda Lola.

Sincerely,

WELLINGTON MOURA - PRESIDENT
FOURTEEN FLOORING CORP.