

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 17 AM 8:00

**DOCUMENT # P01000107958**

**1. Corporation Name**

Outrageous Wood Floors, Corp.

**2. Principal Office Address**

1205 Golden Cane Drive

Suite, Apt. #, etc.

City & State

Weston

Zip

33327

Country

Broward

**3. Mailing Office Address**

1205 Golden Cane Drive

Suite, Apt. #, etc.

City & State

Weston

Zip

33327

Country

Broward

**REINSTATEMENT**

03-04  
MRD

**4. Date Incorporated or Qualified**

To Do Business in Florida: 10/08/2001

**5. FEI Number**  
65-1153659

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

Carlos A. Jaramillo

Street Address (P.O. Box Number is Not Acceptable)  
1205 Golden Cane Drive

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 6/1/04

**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	Carlos A. Jaramillo	1205 Golden Cane Drive	Weston, Fl. 33327
V	Alvaro, Rojas	1205 Golden Cane Drive	Weston, Fl. 33327

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/04

Date

6541445220

Daytime Phone #

CR2E001 (07/04)

Attachment

PO1000107958

2082

## OUTRAGEOUS WOOD FLOORS, INC.

April 19, 2004

Division of Corporation  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500


Dear Sir or Madam:

Enclosed please find the 2003 Uniform Business Report (UBR) and a check for one hundred and fifty dollars (\$150.00). Also, we respectfully request a waiver of the late fee for the following reason:

We did not receive the original 2003 Uniform Business Report (UBR) from the State of Florida. Accordingly, we could not submit the appropriate form or filing fee by the calendar deadline. Upon receiving notice from the state that our 2003 Uniform Business Report had not been filed, we are complying with your request.

We appreciate your consideration of our request and look forward to an affirmative response.

Sincerely,

  
Carlos A. Jaramillo  
President

5/4/04