

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000115018

1. Corporation Name

KENDRAS PROFESSIONAL FLOORING CORPORATION

Principal Place of Business

225 W. HIAWATHA ST.
TAMPA FL 33604

Mailing Address

225 W. HIAWATHA ST.
TAMPA FL 33604

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

2. New Principal Office Address, If Applicable

6705 N. Florida
Suite, Apt. #, etc.

ave.
City & State
Tampa Florida

Zip 33604 Country USA

3. New Mailing Office Address, If Applicable

same
Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/2001

5. FEI Number

593695668

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 |
|---------------|---|--|-------------------------|
| owner | Claudio Ascension | 225 W. Hiawatha Tampa FL 33604 | |
| | V. Arda Del Valle | 225 W. Hiawatha St. | Tampa FL 33604 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

300008622573
10/28/02--01076--005 **750.00

8. Name and Address of Current Registered Agent

ASCENSION, CLAUDIO
225 W. HIAWATHA ST.
TAMPA FL 33604

9. Name and Address of New Registered Agent

Name

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

225 W. Hiawatha St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

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

10/23/02

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

10/23/02

Daytime Phone #

CR2E040 (8/02)