

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 10:36

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000002285**

1. Corporation Name

**FRANCISCO PEREZ FLOOR INSTALLATIONS INC.**

Principal Place of Business

4998 PAULIE COURT  
 A-2  
 WEST PALM BEACH FL 33415

Mailing Address

4998 PAULIE COURT  
 A-2  
 WEST PALM BEACH FL 33415

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

2. New Principal Office Address, If Applicable

**4409 FRANCINA CT**  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**4409 FRANCINA CT**  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

01/08/2002

City & State  
**LAKE WORTH, FL.**

Zip **33463** Country **US**

City & State  
**LAKE WORTH, FL.**

Zip **33463** Country **US**

5. FEI Number

**01-0626512**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PEREZ, FRANCISCO	4998 PAULIE COURT	WEST PALM BEACH FL 33415
V	PEREZ, EDUARDO	4998 PAULIE COURT	WEST PALM BEACH FL 33415

700024382767  
 11/08/03--01073--019 \*\*\*150.00

8. Name and Address of Current Registered Agent

PEREZ, FRANCISCO  
 4998 PAULIE COURT  
 A-2  
 WEST PALM BEACH FL 33415

9. Name and Address of New Registered Agent

Name **PEREZ FRANCISCO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4409 FRANCINA CT**  
 Suite, Apt. #, Etc.  
 City **LAKE WORTH** State **FL** Zip Code **33463**

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 **FRANCISCO A Perez**

Date **10-27-03**

REGISTERED AGENT MUST SIGN

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: **FRANCISCO A Perez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/27/03**

Date

Daytime Phone # **561-4338203**

Daytime Phone #

CR2E040 (7/03)

October 27, 2003

Application For Reinstatement  
Florida Department Of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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To Whom It May Concern:

Please be advised that I did not receive the two prior uniform Business report notices. I would like to as for reinstatement. Enclosed you will find the application completed and the check in the amount of \$150.00.

If I can be of any further assistance, please do not hesitate to call.

Thank You,

Francisco Perez  
President  
561-433-8203

*FRANCISCO A PEREZ*