

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -9 AM 3:09
SECRETARY'S STAFF
TALLAHASSEE, FLORIDA

DOCUMENT # P02000040112

1. Corporation Name

RAFAEL G. RODRIGUEZ FLOORS, INC.

2. Principal Office Address

4352 B. Sawyer Cir.

3. Mailing Office Address

4352 B. Sawyer Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Cloud, FL

City & State

St Cloud, FL

Zip

34772

Country

USA

Zip

34772

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/2002

5. FEI Number

04-3640930

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

A1A REGISTERED AGENT INC.

700026912547

01/14/04--01025--013 **150.00

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

92 SADBERRY ROAD

3000266107493

01/09/04 01078 889 **110.00

Suite, Apt. #, Etc.

City

QUINCY

State

FL

Zip Code

32351

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

Paul Smith

PAUL SMITH

Date

12-02-03

REGISTERED AGENT MUST SIGN

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
PD	RAFAEL G. RODRIGUEZ	4352 B. Sawyer Cir.	St Cloud, FL 34772

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:

Rafael G. Rodriguez

RAFAEL G. RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-03
Date

(407)-908-5496
Daytime Phone #

CR2E081 (9/01)

DATE: 12-02-03

TO: **DIVISION OF CORPORATIONS
REINSTATEMENT SECTION**

FROM: **RAFAEL G. RODRIGUEZ
RAFAEL G. RODRIGUEZ FLOORS, INC.**

We did not receive from you the Uniform Business Report by mail.

Please file our renewal.

If you have any questions please contact us at 407-414-7108

Thanks,


**RAFAEL G. RODRIGUEZ
RAFAEL G. RODRIGUEZ FLOORS, INC.**