PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT PO2000040112 1. Corporation Name RAFAEL G. RODRIGUEZ FLOORS, INC. 2. Principal Office Address 4. State PLOORS RAFAEL G. RODRIGUEZ FLOORS, INC. 2. Principal Office Address 4. State 1. Corporation Name RAFAEL G. RODRIGUEZ FLOORS, INC. 2. Principal Office Address 4. State 1. Corporation Name 4. Data incorporated or Cualified To Do Bulletias in Foods 1. Application To Do Bulletias in Foods 1. Application To Do Bulletias in Foods 1. Application To Do Bulletias in Foods 1. St Cloud, FL 2. Principal Office Address 3. Mailing Office Address 4. Data incorporated or Cualified To Do Bulletias in Foods 1. Application To Do Bulletias in Foods 1. App								
RAFAEL G. RODRIGUEZ FLOORS, INC. 2. Principal Office Address 4.352 B. Sawyer Cir. 3. Mailing Office Address 4.352 B. Sawyer Cir. 3. Mailing Office Address 4.352 B. Sawyer Cir. 3. Mailing Office Address 51 Cloud, FL 3. Mailing Office Address 52 FL Mailing Office Address 53 Address 54 FL Mailing Office Address 55 FL Mailing Office Address 56 FL Mailing Office Address 57 FL	CORPORATION		Katherine Harris Secretary of State		3 DEC -9	AM 3: 09		
2. Principal Office Address 4.352 B. Sawyer Cir. Suife, Apt. #, etc. Suife, Apt. #, etc. Suife, Apt. #, etc. City A State St Cloud, FL Sp. A4772 USA 7. Name and Address of Current Registrered Agent Name A1A REGISTERED AGENT INC. Street Address (P.O. Box fluinter in Not Acceptables) REGISTERED AGENT MIXT SIGN PAUL SMITTH REGISTERED AGENT MIXT SIGN 12-02-03 PAUL SMITTH REGISTERED AGENT MIXT SIGN Street Address of Each Officer and/or Director (Firekta nonprofit corporations must list at least 3 directors) Tiles Name of Company fluinter in Not Acceptables (P.O. Box fluinter in Not Acceptables) Street Address of Each Officer and/or Director (P.O. Box fluinter in Not Acceptables) REGISTERED AGENT MIXT SIGN 10-1 Lordly Int I am an officer or director or the acceptable in Not Acceptables (P.O. Box fluinter in Not Acceptables in Not Acceptables (P.O. Box fluinter in Not Acceptables (P.O. Bo						Ĕ, FLORIĐA	N.	
Suite. Apt. 8, etc. St. Cloud, FL. Sp. Country 34772 USA Sp. Country 34772 USA Sp. Country 34772 USA Streen Address of Current Registered Agent To Do Business in Florida Celt rink Apt. 8, etc. Celt rink Apt. 8, etc. Suite. Apt. 8, etc. Streen Address of Country Streen Address of Country Suite. Apt. 8, etc. Celt rink Apt. 8, etc.	RA	FAEL G. RODRIGUE	Z FLOORS, I	NC.				•
City & State St Cloud, FL City & State St Cloud, FL Zip 34772 Country			-		1			-
St Cloud, FL St	Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				04/12/2002	7
27. Name and Address (P.O. Box Number is Not Acceptable) Sirel Address (P.O. Box Number is Not Acceptable) Sirel Address (P.O. Box Number is Not Acceptable) Sulle, Apt. #, Etc. CRY CUINCY State PAUL SMITH PAUL SMITH PAUL SMITH Date PAUL SMITH Signature of Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officers and/or Di	Y		-					
Name A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD 91 Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD 91 Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD 91 Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD 91 Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD 91 Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD 92 SADBERRY ROAD 93 State 22 p Code 93 Sadberry Road 93 Sadberry Road 93 Sadberry Road 94 Sadberry Road 95 Sadberry Road		1 '	l '	•	6.		\$8.75 Additional Fee req	ulred
A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, Etc.			7. Name and A	ddress of Current Registe	red Agent		·	
Suite, Apt. #, Etc. City QUINCY State FL State		A1A REGISTERED AGENT INC.					· · · · · · · · · · · · · · · · ·	0
Suite, Apt. #, Etc. City QUINCY State FL State						1000266	7/7497	
\$. 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 Date 12-02-03 PAUL_SMITH D) 9/01/7 01/178	709 ₩ 10.0	10
Signature of Registered Agent PAUL SMITH Date 12-02-03 PAUL SMITH PAUL SMITH 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 Officer and/or Director 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 filling 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 (10.10-4)3 - 5446	N.	QUINCY					1	
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 filling 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. RAFAEL G. RODRIGUEZ		1/2	e named corporation, am f	amiliar with and accept the c	obligations of section			00,00
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	Registered Agent PAUL SMITH					Date	2-03	— [8
Name of Officers and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director St Cloud, FL 34772 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. RAFAEL G. RODRIGUEZ RAFAEL G. RODRIGUEZ	•							
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. RAFAEL G. RODRIGUEZ			vor Director (Florida nonpro	· · · · · · · · · · · · · · · · · · ·	······································	.		\dashv
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	Titles					City / State / Zip		
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	PD	RAFAEL G. RODRIGUEZ 4352 B. Sawyer Cir.		St Cloud, FL 34772				
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								
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								
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								
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		•						
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						•		
	this rein owed b on this	nstatement application, the reason for dissory the corporation have been paid and the rapplication is true and accurate, and my signal.	olution has been eliminated, names of individuals listed o gnature shall have the same	the corporate name satisfies in this form do not qualify for e legal effect as if made unde	s the requirements an exemption unde er oath.	of section 607.0401 or 6 er section 119.07(3)(i), F	117.0401, F.S., that all fees S.S. The information indicate	

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,

RAFAET G. RODRIGUEZ

RAFAEL G. RODRIGUEZ FLOORS, INC.