

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 OCT 22 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000057973

1. Corporation Name

ALLIANCE FLOORING GROUP, INC.

Principal Place of Business

Mailing Address

~~10604 NW 87 CT~~  
HIALEAH GARDENS FL 33018

~~10604 NW 87 CT~~  
HIALEAH GARDENS FL 33018

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

2. New Principal Office Address, If Applicable  
8442 NW 58 ST

3. New Mailing Office Address, If Applicable  
8442 NW 58 ST

4. Date Incorporated or Qualified  
To Do Business in Florida

05/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State Miami FL

City & State Miami FL

57-1184512

Not Applicable

Zip 33166 Country USA

Zip 33166 Country USA

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
<del>P</del>	<del>PEREZ, EULALIA</del>	<del>10604 NW 87 CT</del>	<del>HIALEAH GARDENS FL 33018</del>
PRESIDENT	Faride Perez	8442 NW 58 ST	MIAMI FL 33166

08-25-03 01088 008 \$559.75

8. Name and Address of Current Registered Agent

~~AMADO, JUAN R~~  
~~10604 NW 87 CT~~  
~~HIALEAH GARDENS FL 33018~~

9. Name and Address of New Registered Agent

Name Faride Perez  
Street Address (P.O. Box Number is Not Acceptable)  
8442 NW 58 ST  
Suite, Apt. #, Etc.  
City Miami FL State FL Zip Code 33166

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

*Faride Perez*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-20-03

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:

*Faride Perez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-03

Date

Daytime Phone #

Alliance Flooring Group, Inc.  
8442 N.W. 58<sup>th</sup> Street  
Miami, Florida 33166

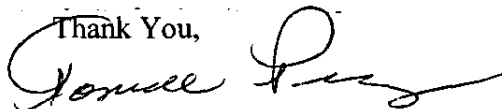
October 20, 2003

Division of Corporations  
Annual Report/ Reinstatement Section  
PO Box 6327  
Tallahassee, Fl 32314-6327

To Whom It May Concern:

I spoke to someone in your office on 10/20/03, in reference to our application Document # P02000057973 that was send on 08/21/03. She requested I send this letter to confirm that we have not received any papers requesting information on the application corporation uniform business report. I send in ck #2915 for \$ 558.75. I am sending in the application for reinstatement with all the information filled out.

Thank You,

A handwritten signature in black ink, appearing to read 'Faride Perez', written over the printed name.

Faride Perez