

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY -3 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000082547

1. Corporation Name

LOVEDS Flooring INC

REINSTATEMENT 04-05

2. Principal Office Address

7224 SW 134ct

Suite, Apt. #, etc.

City & State

miami FL

Zip

33183

County

US

3. Mailing Office Address

7224 SW 134ct

Suite, Apt. #, etc.

City & State

miami, FL

Zip

33183

County

US

4. Date Incorporated or Qualified  
To Do Business in Florida

2002

5. FEIN Number

51-0418689

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for Certificate of Status

12/10/04 01035 005 \$150.00

**7. Name and Address of Current Registered Agent**

Name

Maritza Azcuy

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

7224 SW 134ct

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33183

300054517913

05/13/05--01054--011 \*\*\$150.00

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

Maritza Azcuy

REGISTERED AGENT MUST SIGN

Date

4/27/05

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
D	Raul D. Azcuy	7224 SW 134ct miami FL 33183	miami FL 33183
D	Maritza Azcuy	7224 SW 134ct	miami FL 33183

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:

Maritza Azcuy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maritza Azcuy

Date

4/27/05

Daytime Phone #

7865547399

CR2001 (01/05)

LOURDES FLOORING INC.

TO: FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
SUBJECT TO CORPORATION REINSTATEMENT

On April 2004 I sent a check number 1334 for 150.00 dollars that you did not receive. On November 2004 I resent another check, number 1568 for 150.00 dollars with a reinstatement form and a letter. I am sending for 2005 reinstatement form with letter and check for 150.00 dollars and I ask to please waive the reinstatement fee.

Thank You,



Maritza Azcuy  
Lourdes Flooring INC  
7224 SW 134 CT  
Miami, F. 33183