

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 19 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000045427**

1. Corporation Name

GV FLOORING, INC.

2. Principal Office Address

3806 LANDINGS WAY DR

Suite, Apt. #, etc.

101

City & State

TAMPA, FL

Zip

33624

Country

USA

3. Mailing Office Address

3806 LANDINGS WAY DR

Suite, Apt. #, etc.

101

City & State

TAMPA, FL

Zip

33624

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

13-4209915

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

ACACIO C. BARBOSA

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

3806 LANDINGS WAY DR

Suite, Apt. #, Etc.

101

City

TAMPA

State

FL

Zip Code

33624

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

Acacio C. Barbosa

REGISTERED AGENT MUST SIGN

Date **11/10/03**

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/P	ACACIO C. BARBOSA	3806 LANDING WAY DR. #101	TAMPA, FL 33624

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:

Acacio C. Barbosa

ACACIO C. BARBOSA

Date

11/10/03 (813) 598-8170

Daytime Phone #

CR2E081 (10/02)