

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 12 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000109910

1. Corporation Name

PC & A FLOOR COVERING INC.

2. Principal Office Address

4502 SW 7TH AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL.

City & State

Zip

33914

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2002

5. FEI Number

61-1428864

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

CHAVARRIA, ANA M.

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

4502 SW 7TH AVE.

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33914

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

REGISTERED AGENT MUST SIGN

Date

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
<u>P</u>	<u>CHAVARRIA, ANA M.</u>	<u>4502 SW 7TH AVE.</u>	<u>CAPE CORAL FL 33914</u>
<u>✓</u>	<u>CHAVARRIA FERNANDO</u>	<u>4502 SW 7TH AVE.</u>	<u>CAPE CORAL FL 33914</u>

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/7/2003 (339) 839-3238

CR2E081 (10/02)

12/9/2003

DEPARTMENT OF STATE
DIVISION OF CORPORATION

SIR/MADAM

WE ARE COMING TO EXPLAIN OUR CASE:

WHEN THE FORM U.B.R. SUPOSED TO BE FILLED FROM JANUARY TO APRIL 30 WAS NOT DONE DUE TO WE NEVER GET THAT IN THE MAIL AND WE WAS UNAWARE OF THAT REQUIREMENT.

AFTER THAT WE FOUND THAT THE CORPORATION WAS INACTIVE THEREFORE WE ARE SUMMITING THE CORRECT ADRESS OF THE CORPORATION, FOR THE REASON EXPLAINED ABOVE WE APPEAL TO YOUR DEPARTMENT THE ABATE - OF THE PENALTY,

SINCERLY YOUR


ANA CHAVARRIA
PRESIDENT OF
FC&A FLOOR COVERING

CORPORATION ADDRESS: 4502 SW 7TH AVE.
CAPE CORAL, FL 33914