

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

FILED

04 SEP -9 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100040968701

09/10/04--01063--006 **150.00

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000114579

1. Corporation Name

INNOVATIVE FLOORING, CORP.

2. Principal Office Address

433 SWALLOW DR.

3. Mailing Office Address

Suite, Apt. #, etc.

UNIT 102

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS, FL

City & State

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2002

5. FEI Number

010699760

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

DANIEL F. CAIS

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

4805 NW 79 AVE #9

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

8-20-04

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
DPVP ST	DANIEL R. RODRIGUEZ	433 Swallow Dr #102	MIAMI SPRINGS, FL 33166

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-20-04 / (305) 710-2911

8/30/04

Innovative Floor Corp
2042

FILED

04 SEP -9 AM 9:02

FLA Dept of State
Tallahassee, FL

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dear Sir:

Please note I did not receive
form to submit same before this &
As per Telephone conversation I am
attaching check for \$150⁰⁰ to return
same.

Sincerely for
x Daniel Rodriguez

President
Innovative Floor Corp