

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR -1 AM 8:56

DOCUMENT # P03000075765
1. Corporation Name Grand Slam Flooring Supplies

2. Principal Office Address - No P.O. Box #
2521 NW 171 lane
Suite, Apt. #, etc. # 4
City & State Pompano Beach, FL
Zip 33064 Country USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

700173007847 **KS**
03/24/10--01025--006 ****150.00**
REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida 2003

5. FEI Number 77-0605305 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 JUAN CASTRO
Street Address (P.O. Box Number is Not Acceptable)
1380 SW 82 TERR
Suite, Apt. #, Etc. 715
City PLANTATION State FL Zip Code 33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3-8-2010

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>ERIK CASTRO</u>	<u>17411 S.W 61 CT</u>	<u>SOUTHWEST RANCHES FL 33331</u>
<u>V.P</u>	<u>JUAN CASTRO</u>	<u>1380 S.W 82 TERR</u> <u># 715</u>	<u>PLANTATION FL 33324</u>

700173007847
04/02/10--01042--004 ****300.00**

10. E-mail Address: JCCASTRO68@MAC.COM

(To be used for future annual report notification)

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. I further certify, 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:

JUAN CASTRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-2010 305-345-5039

Date

Daytime Phone #