

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000153316

1. Corporation Name A.A.A. Duran Flooring, Inc

2. Principal Office Address - No P.O. Box #

2689 Kerwood CR

Suite, Apt. #, etc.

City & State

Orlando

Zip

32810

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

32810

Country

U.S.A

7. Name and Address of Current Registered Agent

Name

Aureliano Duran

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

2689 Kerwood circle

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32810

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

AURELIANO DURAN

REGISTERED AGENT MUST SIGN

Date 10/17/07

☒ 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.

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2003

5. FEI Number

86-1091230

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

CR2E081 (1/07)

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
P	Aureliano Duran	2689 Kerwood circle	Orlando, FL 32810

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 contained in Chapter 119, 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:

AURELIANO DURAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/07

Date

407-342-1804

Daytime Phone #