

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 13 PM 3:20

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P030000156694**

1. Corporation Name

Ralph E. Santos Flooring Inc.
W06-3699

2. Principal Office Address

8438 GARDNER R.D.

Suite, Apt. #, etc.

HOME

City & State

Tamp2 FL.

Zip

33625

Country

U.S.A.

3. Mailing Office Address

8438 GARDNER RD.

Suite, Apt. #, etc.

HOME

City & State

Tamp2 FL.

Zip

33625

Country

U.S.A.

REINSTATEMENT
CR2E081 (12/05)

0406 Wap

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

5. FEI Number

06-1657001

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

Jeffrey J. Swirn

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

2102 CASS ST

Suite, Apt. #, Etc.

Suite 200

City

Tamp2

State

FL

Zip Code

33606

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

[Signature]

Date

3/8/06

REGISTERED AGENT MUST SIGN

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	Ralph E. Santos	8438 GARDNER RD.	Tamp2 FL. 33625

600069447266
04/04/06--01055--004 **450.00

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

[Signature] **Ralph E. Santos**

Date

3/6/06

Daytime Phone #

813 310-5184

2012

February 22, 2006

Department of State
Attn.: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ralph E. Santos Flooring, Inc.
Document No.: P03000156694

Dear Sir or Madam:

My name is Ralph E. Santos and I am the president and owner of Ralph E. Santos Flooring, Inc. On January 4, 2006 I was notified that my corporation had been administratively dissolved on October 1, 2004. At no time prior to this date did I receive an annual report notice. Moreover, since the beginning of 2004 my mail box has been stolen no less than 5 times. I am enclosing a check made payable to the Secretary of State in the amount of \$450.00 which is equal to the annual report fee and the corporate supplemental fee for the past years. I would ask that you waive the \$600.00 reinstatement fee. Please do not hesitate to contact me if you have any questions at (813) 310-3670.

Very truly yours,


Ralph E. Santos