

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000000068

1. Corporation Name

Victor Flooring, Corp.

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

750 NW 13 AVE

Suite, Apt. #, etc.

#601

City & State

MIAMI, FL

Zip

33125

Country

US

3. Mailing Office Address

750 NW 13 AVE

Suite, Apt. #, etc.

#601

City & State

MIAMI, FL

Zip

33125

Country

US

200121418572
03/27/08--01007--011 **450.00

CR2E081 (12/07)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 21 AM 11:59

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

12/29/03

5. FEI Number

20-0578110

☐ 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

VLADIMIR SANCHEZ

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

750 NW 13 AVE

Suite, Apt. #, Etc.

#601

City

MIAMI

State

FL

Zip Code

33125

☒ 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 03/19/2008

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
DP	VLADIMIR SANCHEZ	258 NW 56 AVENUE	MIAMI, FL 33126

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/08

Date

(305)968-4534

Daytime Phone #