

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 28 AM 10:16

DOCUMENT # P04000001858

1. Corporation Name

PALOMARES FLOORING INC.

2. Principal Office Address

1901 GULF CITY RD.

Suite, Apt. #, etc.

APT. B

City & State

RUSKIN, FL

Zip

33570

Country

USA

3. Mailing Office Address

1901 GULF CITY RD.

Suite, Apt. #, etc.

APT. B

City & State

RUSKIN, FL

Zip

33570

Country

USA

**REINSTATEMENT**

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

12-31-2003

5. FEI Number

51-0492103

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

CARLOS J. PALOMARES

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

1901 GULF CITY RDAA

Suite, Apt. #, Etc.

APT. B

City

RUSKIN

State  
**FL**

Zip Code

33570

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

Carlos Palomares

Date

3-24-06

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
<u>D/P</u>	<u>CARLOS J. PALOMARES</u>	<u>1901 GULF CITY RD, APT. B</u>	<u>RUSKIN, FL 33570</u>

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04/06/06--01049--015 \*\*1050.00

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:

Carlos Palomares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-06

Date

(813) 956-0111

Daytime Phone #

3/31/06