

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 20 PM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000010990**

1. Corporation Name

SV Flooring Installations, Inc.

2. Principal Office Address

25954 SW 122ct

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33032

Country

USA

3. Mailing Office Address

25954 SW 122ct

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33032

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

161690474

☒ 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

Segundo Vega

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

25954 SW 122 court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33032

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

10/15/05

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
D	Segundo Vega	25954 SW 122ct	Miami FL 33032

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 under section 119.07(3)(i), 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

Date

Daytime Phone #

10/15/05 (305) 498 7393

CR2E081 (01/04)

October, 15, 2005

DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE: P04000010990

TO WHOM IT MAY CONCERN:

This letter is to certify that I, Segundo Vega, never received my annual report and I believe that my Register Agent did and did not inform me that I should pay for it. I would therefore like to make the payment to reactivate it.

Enclosed please find my payment of \$150.00 to make it current.

Please could you mail all future correspondence directly to me at the address on record?

Thank you for your attention in this matter and look forward to your response.

Sincerely,


Mr. Segundo Vega