

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS
W06000047003

FILED

06 NOV -2 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000011118

1. Corporation Name
BALTAZAR Solache CHAL Flooring Inc.
2603 Clear Brook Cir.
Orlando FL 32810

REINSTATEMENT 05-06

2. Principal Office Address

2603 Clear Brook Cir / 2603 Clear Brook Cir

3. Mailing Office Address

2603 Clear Brook Cir CR2E081 (12/05) 05-06

City & State

Orlando FL

City & State

Orlando FL

4. Date Incorporated or Qualified
To Do Business in Florida

01-14-2004

5. FEI Number

261637927

Applied For

Not Applicable

Zip

32810

Country

ORANGE

Zip

32810

Country

ORANGE

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rapido Tax Services Inc

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

385 E MAIN ST.

Suite, Apt. #, Etc.

City

APRATA

State

FL

Zip Code

32703

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

Aulana Lopez
REGISTERED AGENT MUST SIGN

Date

10-20-06

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	BALTAZAR SOLACHE	2603 CLEAR BROOK CIR	ORLANDO FL 32810
VP	OLGA I. ARELLANO	2603 CLEAR BROOK - CIR	ORLANDO FL 32810
			500081117135 10/23/06--01042--011 **750.00
			500081117135 11/07/06--01055--002 **150.00

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:

Baltazar Solache
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BALTAZAR SOLACHE

Date

President

Daytime Phone #

10-20-06

2011/03