

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000011959

1. Corporation Name

Leo Delacruz Carpet Installation and Service, Inc.

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

4306 Plymouth Street

Suite, Apt. #, etc.

Suite #2

City & State

Jacksonville, FL

Zip

32205

Country

USA

3. Mailing Office Address

4306 Plymouth Street

Suite, Apt. #, etc.

Suite #2

City & State

Jacksonville, FL

Zip

32205

Country

USA

7. Name and Address of Current Registered Agent

Name

Pamela D. Moore

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

5861 Oaklane Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32244

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 01/29/2007

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	Leo E. Delacruz	5861 Oaklane Drive	Jacksonville, FL 32244
V/S/T	Pamela D. Moore	5861 Oaklane Drive	Jacksonville, FL 32244

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

Pamela D. Moore

01/29/2007

Date

904-387-7770

Daytime Phone #

FILED
2007 FEB 12 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400088534144
02/19/07--01002--011 **458.75

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

01/2004

5. FEI Number

20-0706082

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.

REINSTATEMENT

B 2/15/07
05-07