

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 #

212 Industrial Loop

Suite, Apt. #, etc.

Suite 133

City & State

Orange Park, Florida

Zip

32073

Country

USA

3. Mailing Office Address

212 Industrial Loop

Suite, Apt. #, etc.

Suite 133

City & State

Orange Park, Florida

Zip

32073

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

Pamela D. Moore

REGISTERED AGENT MUST SIGN

Date 04/06/2010

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 Delacruz | 5861 Oaklane Drive | Jax., FL 32244 |
| V/S/T | Pamela D. Moore | 5861 Oaklane Drive | Jax., FL 32244 |
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10. E-mail Address: Pamelamoore45@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Pamela D. Moore

Pamela D. Moore

04/06/2010 904-235-4459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
10 APR -6 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100174854091
04/07/10--01029--006 **458.75

REINSTATEMENT 08-10
CR2E081 (1/1/09)

4. Date Incorporated or Qualified
To Do Business in Florida 01/09/2004

5. FEI Number
200706082

☐ 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.

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