

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 18 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000048508

1. Corporation Name

ASSOCIATES FLOORING CORP.

2. Principal Office Address
30034 SW 154 CT

Suite, Apt. #, etc.

City & State
HOMESTEAD, FL

Zip
33033

Country
USA

3. Mailing Office Address
30034 SW 154 CT

Suite, Apt. #, etc.

City & State
HOMESTEAD, FL

Zip
33033

Country
USA

REINSTATEMENT

05-06

**4. Date Incorporated or Qualified
To Do Business in Florida** **03/17/2004**

5. FEI Number
20-0888215

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
PEDRO ROJAS

Street Address (R.O. Box Number is Not Acceptable)
30034 SW 154 CT

Suite, Apt. #, Etc.

City
HOMESTEAD

State
FL

Zip Code
33033

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**

Date **10/13/2006**

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
P	PEDRO ROJAS	30034 SW 154 CT	HOMESTEAD, FL 33033

600080955926
10/13/06--01033--010 **900.00

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:

PEDRO ROJAS

10/13/2006

786-346-1692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/06