

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 26 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P04000115701*

1. Corporation Name

CAMILO FLOORING CORP.

03/24/05 90027 026 \$150.00

CR2E081 (12/05) *05-06*

2. Principal Office Address

3889 SW. 142 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33175

Country

USA

3. Mailing Office Address

P.O. BOX 940294

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI FL

Zip

33194

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-1478992

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

CAMILO A. ABREU

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

3889 SW. 142 AVE

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33175

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

[Signature]

Date

10/24/06

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
DP.	<i>CAMILO A. ABREU</i>	<i>3889 SW 142 AVE</i>	<i>MIAMI FL 33175</i>
	<i>DR 10/30</i>		

500081595055
*11/07/06--01055--020 **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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/06

Daytime Phone #

305 450 6830

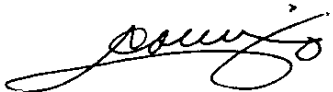
MIAMI FLORIDA OCT. 24 2006

FROM CAMILO FLOORING CORP
DOCUMENT NUMBER P-04000115701
FEIN: 20-1478992

I, CAMILO A ABREU, HEREBY THIS LETTER CERTIFY THAT I DID NOT
RECEIVE ANY OF THE REJECTED CORRESPONDENCE FROM THE YEAR 2005,
THEREFORE I APPLY FOR A REINSTATEMENT AND ATTACH A FEE OF 150
FOR THE 2006 ANNUAL REPORT AS REQUESTED.

I THANK YOU IN ADVANCE FOR YOUR ATTENTION AND HELP IN THIS
IMPORTANT MATTER AND FOR GRANTING ME THE OPPORTUNITY TO
REINSTATE MY CORPORATION.

SINCERELY,

A handwritten signature in black ink, appearing to read 'Camilo A. Abreu', written over a horizontal line.

DIRECTOR, PRESIDENT