

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000122014

1. Corporation Name

Bewlah Flooring Inc.

2. Principal Office Address

8413 Arrowhead Cir

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 570222

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32825

Country

ORANGE

Zip

32857-0222

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 24 2004

5. FEI Number

20-153-1572

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

NOE AIFARO

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

8413 Arrowhead Cir

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32825

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

Noe Aifaro

Date 10-16-06

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
<u>President</u>	<u>NOE AIFARO</u>	<u>8413 Arrowhead Cir</u>	<u>Orl. FL 32825</u>

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:

Noe Aifaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-06

Date

407-859-9551

Daytime Phone #

FILED
06 OCT 20 PM 1:50
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

65-06

700081058127
10/20/06--01008--007 **300.00

Noe Alfaro
8413 Arrowhead Circle
Orlando Fl. 32825
Phone (407) 2599551

October 16, 2006

Florida Department of State
Division of Corporations
P.O Box 6327
Tallahassee, Fl 32314

To whom it may concern

I never received the annual report notices for 2005 or 2006
So can you please waiver the fee of 600.00 dollars.
I 'am sending the amount of 300.00 dollars for other fees.

Sincerely,

Noe Alfaro

for any correspondence
please use my P.O. Box 570222
Orlando, Fl. 32857-0222
for Beulah Elaine Tavares