

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 21 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P040000124030**

1. Corporation Name

USA floor restoration inc

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

11263 W ATLANTIC Bld

Suite, Apt. #, etc.

C105

City & State

coral springs fl

Zip

33071

Country

3. Mailing Office Address

11263 W ATLANTIC Bld

Suite, Apt. #, etc.

C105

City & State

coral springs fl

Zip

33071

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

8/26/04

5. FEI Number

201590485

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

wilson castro

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

11263 W ATLANTIC Bld

Suite, Apt. #, Etc.

C105

City

coral springs

State

FL

Zip Code

33071

☒ 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.

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

wilson castro

Date

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	wilson castro	11263 W ATLANTIC Bld C105	coral springs fl 33071

600163825036
12/21/09--01035--008 **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:

wilson castro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #