

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 25 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000151744

1. Corporation Name

William's Flooring Designs, Inc

REINSTATEMENT

400170574784

02/25/10--01037--017 **450.00

CR2E081 (11/09)

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

320 N Congress Ave

3. Mailing Office Address

320 N Congress Ave

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

107

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-05-04

5. FEI Number

20-1848981

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

H. William Campos

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

320 N Congress Ave

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

☒ 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

REGISTERED AGENT MUST SIGN

Date

02/22/10

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>D</u>	<u>H. William Campos</u>	<u>320 N Congress Ave #107</u>	<u>Delray Beach FL 33445</u>

**M. MILLIGAN
EXAMINER**

MAR - 2 2010

10. E-mail Address:

WilliamandFloors@aol.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. William Campos

Date

02/22/10

Daytime Phone #