

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 30 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000160011

1. Corporation Name

GULF Shore Floor Covering, Inc.

W06000047407

2. Principal Office Address

4582 E. Alhambra circle.
Naples FL 34103

Suite, Apt. #, etc.

3. Mailing Office Address

4582 E. Alhambra circle.
Naples FL 34103

Suite, Apt. #, etc.

City & State

Naples Florida

City & State

Naples Florida.

Zip

34103

Country

U.S.

Zip

34103.

Country

U.S.

REINSTATEMENT

10/19/06 01025001
CR2E081 (12/05) 90825

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/24/04

5. FEI Number

11-3734163

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

Luis E. Fernandez.

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

4582 E. Alhambra circle.

Suite, Apt. #, Etc.

City

Naples.

State

FL

Zip Code

34103.

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

10-25-06

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
PSD	<u>Luis Fernandez</u>	<u>4582 E. Alhambra Cir</u>	<u>Naples, FL 34103</u>
VTD	<u>Elizabeth Fernandez</u>	<u>"</u>	<u>"</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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-06. 239-272-2825

Daytime Phone #