

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 17 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000017716

1. Corporation Name

A + Z DESIGN FLOORING CORP.

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

3906 22ND ST., S.W.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

Zip

33976

Country

3. Mailing Office Address

3906 22ND ST. S.W.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

Zip

33976

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/2/05

5. FEI Number

20-2404436

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

KEE SEUNG LEE

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

3906 22ST S.W.

Suite, Apt. #, Etc

City

LEHIGH ACRES

State

FL

Zip Code

33976

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/15/09

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>A</u> <u>DIRECTOR</u>	<u>KEE SEUNG LEE</u>	<u>3906 22ST S.W.</u>	<u>LEHIGH ACRES, FL 33976</u>

10. E-mail Address:

(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

Date

Daytime Phone #

12/15/09