

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR -1 AM 8:49

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000030747

1. Corporation Name

REINALDO'S FLOORING, INC

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

2142ciera lane

Suite, Apt. #, etc.

3. Mailing Office Address

2142CIERA LANE

Suite, Apt. #, etc.

City & State

FERNANDINA BEACH FL

City & State

FERNANDINABEACHFL

Zip

32034

Country

USA

Zip

32034

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/28/2005

5. FEI Number

NONE

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

REINALDO LOPEZ

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

2142CIERA LANE

Suite, Apt. #, Etc.

City

FERNANDINA BEACH, FL

State

FL

Zip Code

32034

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.

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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 02/15/2010

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
DPT	LOPEZ, REINALDO	2142CIERA LANE	FERNANDINABEACH FL.32034
DVP	LOPEZ, MINERVA	2142CIERA LANE	FERNANDINABEAHFL.32034
DS	ATWELL, RUTHANN	6034CHESTERAVE.SUITE104A	JACKSONVILLE, FL32217

10. E-mail Address: Rey.Mini91@gmail.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:

Reinaldo Lopez

REINALDO LOPEZ

02/15/2010 904/2061340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 07-10

CR2E081 (11/09)

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