

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 AUG 27 A 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000079559**

1. Corporation Name

FLEXMAT, INC.

100160032861
08/27/09--01047--018 **500.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
10524 MOSS PARK ROAD

3. Mailing Office Address
10524 MOSS PARK ROAD

Suite, Apt. #, etc.
204-305

Suite, Apt. #, etc.
204-305

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

Zip
32832-5898

Country
ORANGE

Zip
32832-5898

Country
ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida **06/02/05**

5. FEI Number
20-2929576

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
FRANCISCO FERNANDES

Street Address (P.O. Box Number is Not Acceptable)
10524 MOSS PARK ROAD

Suite, Apt. #, Etc.
204-305

City
ORLANDO

State
FL

Zip Code
32832-5898

☒ 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

Date **08/15/09**

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
PRES	FRANCISCO FERNANDES	9860 CAROLINE PARK DR.	ORLANDO, FL. 32832

REINSTATEMENT

06-09
all

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

Francisco Fernandes

08/15/09

Date

407-362-0247

Daytime Phone #