

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 11 AM 9:05

DOCUMENT # **P050000108375**

1. Corporation Name **Prestige Flooring of Central Florida**

300117850343
02/12/08--01025--003 **450.00

CR2E081 (12/07)

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

2211 RAPER DAIRY RD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

Zip

32822

Country

ORANGE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09:30:05

5. FEI Number

20-3251549

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

JUAN JOSE' A. ACOSTA

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

2211 RAPER DAIRY RD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32822

☒ 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 **JAN 17, 08**

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
President	JUAN JOSE' A. ACOSTA	2211 RAPER DAIRY RD	ORLANDO FL 32822

B 2/13/08

REINSTATEMENT 06-08

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 correct, 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


JAN 17 08

Date

407 925 4541

Daytime Phone #

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 FEB 11 AM 9:00	
DOCUMENT # NO30000004336					
1. Corporation Name At The Winston Park Warriors INC					
2. Principal Office Address - No P.O. Box # 89728-0412		3. Mailing Office Address 8905 Blue Ridge Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa		City & State Tampa Fla			
Zip 336089	Country Hillsbraesh	Zip 33619	Country Hillsbraesh		
4. Date Incorporated or Qualified To Do Business in Florida 2004					
5. FEI Number 86-105223				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name Leroy Murray					
Street Address (P.O. Box Number is Not Acceptable) 8905 Blue Ridge Drive					
Suite, Apt. #, Etc.					
City Tampa		State FL	Zip Code 33619		
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 <u>Leroy Murray</u> Date <u>2-7-08</u> 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	
Presi	Leroy Murray	8905 Blue Ridge Dr		Tampa Fla 33619	
Sec	Joy Johnson	1708 Olympia Rd		Tampa Fla 33619	
Comm	Pat Barr	4917 84th street		Tampa Fla 33619	
Treas	Mac Garland	8627 Fishlake Rd		Tampa Fla 33619	
REINSTATEMENT DS-06 B. 2/13/08					
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: <u>Leroy Murray</u> <u>LEROY MURRAY</u> 2-7-08 813-477-2118 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					