

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 12 AM 8:33

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000051081

1. Corporation Name

LIMA FLOORING INSTALLATION, INC.

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

9801 Old Baymeadows Rd

Suite, Apt. #, etc.

41

City & State

Jacksonville

Zip

32256

Country

USA

3. Mailing Office Address

9801 Old Baymeadow Rd

Suite, Apt. #, etc.

41

City & State

FL

Zip

32256

Country

USA

REINSTATEMENT

CR2E081 (12/08)

07-09ks

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/2006

5. FEI Number
06-1777246

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

Kelsam Services Inc

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

9471 Baymeadows Rd

Suite, Apt. #, Etc.

104

City

Jacksonville

State

FL

Zip Code

32256

☒ 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 01/27/09

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
P	Izaias Perreia Lima	9801 Old Baymeadows Rd #41	Jacksonville, FL 32256

000143538740
02/13/09--01003--006 **450.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/09

Date

904-534-0117

Daytime Phone #