

2007 FOR PROFIT CORPORATION REINSTATEMENT


APPROVED
AND
FILED

07 NOV 16 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000058214

1. Entity Name
FRANNY WOOD FLOORS, CORP.



Principal Place of Business
6510 SW 18 ST
MIAMI, FL 33155

Mailing Address
6510 SW 18 ST
MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #
921 Bignonina RD

3. Mailing Address
921 Bignonina RD

Suite, Apt. #, etc.

City & State
West Palm beach

City & State
West Palm beach

Zip
33405

Country
FL

Zip
33405

Country
FL

6. Name and Address of Current Registered Agent

OPIZO, FRANNY
6510 SW 18 ST
MIAMI, FL 33155

LD 11-26-07



REINSTATEMENT 07

4. FEI Number
200601051

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
OPIZO Franny

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

City
West Palm beach

FL

Zip Code
33405

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  11/15/07

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
OPIZO, FRANNY
6510 SW 18 ST
MIAMI, FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
OPIZO Franny
921 Bignonina RD West Palm beach FL
33405

☒ Change ☐ Addition

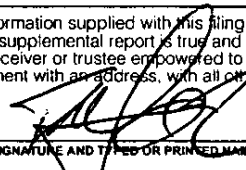
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  11/15/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #