

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 24 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000059380

1. Corporation Name

LA HARD WOOD FLOOR INC

300143178353
02/09/09--01047--015 **300.00

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

21354 CHINABERRY DR.

3. Mailing Office Address

Suite, Apt. #, etc.

BOCA RATON

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

Zip

33428

Country

Zip

Country

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2006

5. FEI Number
20-4771782

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

ALVARENGA, LEONARDO

Street Address (P.O. Box Number is Not Acceptable)
21354 CHINABERRY DR.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33428

☒ 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

Leonardo Alvarenga
REGISTERED AGENT MUST SIGN

Date 01-26-09

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	ALVARENGA, LEONARDO	21354 CHINABERRY DR.	BOCA RATON, FL 33428

300143178353
02/24/09--01009--010 **150.00

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:

Leonardo Alvarenga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

01/26/2009

Date

954 708-6404

Daytime Phone #