6.1 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	•
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	11 JUL 18 SECKETARI
DOCUMENT # PO600082012 1. Corporation Name	EE, FLOR
Strictly Wood-flooring Inc.	aba 33
Principal Office Address - No P.O. Box # 3. Mailing Office Address	600209188136 06/21/1101032003 **1050.00
826 Hampton Rd 826 Hampton Rd Suite, Apt. #, etc.	09-11 CR2E081 (11/10)
City & State City & State	Date Incorporated or Qualified To Do Business in Florida
West Palm Beach, P West Palm Beach, F1 Zip Country Zip Country	5. FEI Number Applied For Not Applicable
33405 USA 33405 USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Alessandro Victa	;
Streef Address (P.O. Box Number is Not Acceptable) Suite, Apt #, Etc.	
West Palm Beach FL 33405	
I, being appointed the registered each of the above named corporation, am familiar with and accept the ob- Signature of	
Registered Agent REGISTERED AGENT MUST SIGN	Date 7-12-11
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Directors	City / State / Zip
Pres. Alessando Victa Eschampton	RL WPB/F1/33405
REINSTATE	S. HAWKES
REINSTATEMENT	
0.009 = 17	EXAMINER
10. E-mail Address: Strictly Woodflooring @ yahoo - com (To be used for future annual report notification)	
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am any county at all section in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytimo Phone #	