

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC -7 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000138282

1. Corporation Name

MACEDO FLOORING, INC.

400163382754
12/07/09--01066--005 **300.00

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box # 2865 WINKLER AVE		3. Mailing Office Address 2865 WINKLER AVE	
Suite, Apt. #, etc. APT 417		Suite, Apt. #, etc. APT 417	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33916	Country USA	Zip 33916	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/01/2006	
5. FEI Number 205825262	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
GUSTAVO MACEDO

Street Address (P.O. Box Number is Not Acceptable)
2865 WINKLER AVE

Suite, Apt. #, Etc.
APT 417

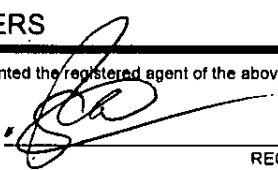
City
FORT MYERS

State
FL

Zip Code
33916

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  Date 11/25/2009

REGISTERED AGENT MUST SIGN

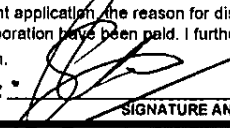
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GUSTAVO MACEDO	2865 WINKLER AVE# 417	FORT MYERS, FL 33916
S	LUIZ SANTOS	2865 WINKLER AVE# 417	FORT MYERS, FL 33916

12/8

10. E-mail Address: EXSANGUIS @HOTMAIL.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., 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.

SIGNATURE:  GUSTAVO MACEDO Date 11/25/2009 239-895-4990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #