

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 12 AM 10:51

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06000143718**

1. Corporation Name

VIDAL FLOORING, INC.

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

1304 HARVARD AVE

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34207

Country

USA

3. Mailing Office Address

9850 BERNWOOD PL DR

Suite, Apt. #, etc.

114

City & State

FORT MYERS, FL

Zip

33966

Country

USA

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business In Florida

11/15/06

5. FEI Number

20-5895676

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

ANTONIO V. DA SILVA

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

9850 BERNWOOD PL DR

Suite, Apt. #, Etc.

114

City

FORT MYERS

State

FL

Zip Code

33966

☒ 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

Antonio V. da Silva
REGISTERED AGENT MUST SIGN

Date **11/07/08**

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	ANTONIO V. DA SILVA	9850 BERNWOOD PL DR # 114	FORT MYERS, FL 33966
D	Jessica M. Rosales	1013 alfreda ave	Lehigh acres FL 33971

600137845866
11/12/08--01023--012 ***300.00

B 11/13/08

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: **Antonio V. da Silva**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/08 (239)4405865
Date Daytime Phone #