

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000144010

1. Entity Name
SEGURA'S FLOORS, INC



FILED

08 NOV 12 AM 9:48

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~8050 103RD ST~~ 4109 Tyndale Dr. ~~8050 103RD ST~~ 4109 Tyndale Dr.
~~E-1~~ JACKSONVILLE, FL 32210 ~~E-1~~ JACKSONVILLE, FL 32210

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



REINSTATEMENT 08

4. FEI Number 20-5864661 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGURA, JAIME
~~8050 103RD ST~~ 4109 Tyndale Dr.
~~E-1~~ JACKSONVILLE, FL 32210

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Jaime Segura 10-29-08
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SEGURA, JAIME
STREET ADDRESS ~~8050 103RD ST E-1~~ 4109 Tyndale Dr.
CITY-ST-ZIP JACKSONVILLE, FL 32210 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100137567201
CITY-ST-ZIP 11/03/08--01041--025 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Jaime Segura 10-29-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #