

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 10 PM 12:03

DOCUMENT # P07000025065

1. Corporation Name

Central Florida Countertops & More Inc.

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

8314 SE 58TH AVE

Suite, Apt. #, etc.

UNIT#3

City & State

OCALA, FLORIDA

Zip

34480

Country

USA

3. Mailing Office Address

PO BOX 137

Suite, Apt. #, etc.

City & State

SUMMERFIELD, FLORIDA

Zip

34492

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/2007

5. FEI Number
20-8462071

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

7. Name and Address of Current Registered Agent

Name

DECNIS O. VILLEDA

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

4379 SE 134TH

Suite, Apt. #, Etc.

City

BELLEVIEW

State

FL

Zip Code

34420

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

REGISTERED AGENT MUST SIGN

Date

7/28/09

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
PRES	DECNIS O. VILLEDA	4379 SE 134TH	BELLEVIEW FLORIDA 34420
CO-PR	JEOVEL VILLEDA	13237 SW 3RD CT	OCALA FLORIDA 34473

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/28/09

Daytime Phone #



8314 SE 58TH AVE OCALA FL. 34480

O. 352.307-2333 F. 352.307-1460 TOLL FREE. 866.443.9484

July 28, 2009

Department of State Divison Corp.
Po Box 6327
Tallahassee, Fl. 32314

Re: Document # P07000025065

To Whom It May Concern:

This letter is to inform you that we never did receive a notice. That is why were requesting for this penalty to be waived. I've attached a check in the amount of \$300.00 dollars for the reinstatement of our corporation. Thank you kindly, if you have any further questions please give us a call.

Cordially,

A handwritten signature in black ink, appearing to read "M. Carbajal". The signature is fluid and cursive, written over the printed name.

Milo' Carbajal
Accts. Dept.