

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000045638

1. Entity Name
LIZARRALDE FLOOR CARE, INC.



Principal Place of Business
10019 SALINA STREET
FORT MYERS, FL 33905

Mailing Address
10019 SALINA STREET
FORT MYERS, FL 33905

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

4. FEI Number

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

LIZARRALDE, ANDRES F
10019 SALINA STREET
FORT MYERS, FL 33905

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

Andres Felipe Lizarralde
Signature, typed or printed name of registered agent and title if applicable.

Andres Felipe Lizarralde
(NOTE: Registered Agent signature required when reinstating)

Dec 17/08
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** ☐ Delete
NAME LIZARRALDE, ANDRES F
STREET ADDRESS 10019 SALINA STREET
CITY - ST - ZIP FORT MYERS, FL 33905

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

TITLE ☐ Delete
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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

Andres Felipe Lizarralde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 17/08
Date

231 851 7558
Daytime Phone #

FILED
08 DEC 19 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

JC 12/22