

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000062578

1. Corporation Name

TUSCAN FLOORING INC

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

2270 wilton park dr

Suite, Apt. #, etc.

3. Mailing Office Address

2270 wilton park dr

Suite, Apt. #, etc.

City & State

wilton manors, fl

City & State

Zip

33305

Country

usa

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2007

5. FEI Number

26-0241540

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

SAMUEL ZAMPIERI

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

2270 wilton park dr

Suite, Apt. #, Etc.

City

WILTON MANORS

State

FL

Zip Code

33305

☒ 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

Samuel Zamperi

REGISTERED AGENT MUST SIGN

Date 02/11/2010

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.	SAMUEL ZAMPIERI	2270 wilton park dr	WILTON MANORS, FL 33305
VIC. PRES.	TERRY D. CLEMENS	2270 wilton park dr	WILTON MANORS, FL 33305

10. E-mail Address: SAMUELZAM@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:

Samuel Zamperi

02/11/2010

954-347-8206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 FEB 16 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/16/10--01033--003 **450.00

REINSTATEMENT

CR2E081 (11/09)

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2/16/20