

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07000072956**

1. Corporation Name

.Kad Flooring Corp

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

221 Aylesbury LN

Suite, Apt. #, etc.

3. Mailing Office Address

2148 Fanshawe Street

Suite, Apt. #, etc.

City & State

Davenport FL

City & State

Philadelphia PA

Zip

33837

Country

USA

Zip

19149

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 22, 2007

5. FEI Number

26-0412248

☐ 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

Giovani Oliveira

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

221 Aylesbury LN

Suite, Apt. #, Etc.

City

Davenport

State

FL

Zip Code

33837

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

Giovani Oliveira

Date

06/22/2010

REGISTERED AGENT MUST SIGN

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 |
|-------------|--------------------------------------|---|---------------------------|
| Dir. | Giovani Oliveira | 221 Aylesbury LN | Davenport FL 33837 |
| | | | |
| | | | |
| | | | |
| | | | |
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10. E-mail Address:

(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:

Giovani Oliveira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/22/10

Daytime Phone #

FILED

2010 JUL -1 PM 3:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

07/01/10--01045--017 **1050.00

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CR2E081 (6/10)

REINSTATEMENT 08-10