

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 31 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700173913207
03/31/10--01033--009 **450.00

REINSTATEMENT 08-10
CR2E081 (1/1/09)

DOCUMENT # P07000078903

1. Corporation Name

Alluring Flooring, Inc.

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

7400 N. Federal Highway

Suite, Apt. #, etc.

A7

City & State

Boca Raton, FL

Zip

33487

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified

To Do Business in Florida 07/10/2007

5. FEI Number

26-0532410

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

Accu-Write Accounting & Tax Services, Inc.

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

1002 E. Newport Center Drive

Suite, Apt. #, Etc.

Suite 200

City

Deerfield Beach

State

FL

Zip Code

33442

☒ 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

REGISTERED AGENT MUST SIGN

Date

2/5/10

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
P	Jacquelin Figueroa	1022 Boynton Place Cir.	Boynton Beach, FL 33437

10. E-mail Address: awaccounting@yahoo.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:

Jacquelin Figueroa

Jacquelin Figueroa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/10

Date

561-998-2001

Daytime Phone #