

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000093264

**FILED**  
**Oct 27, 2014**  
**Secretary of State**

**Entity Name:** INNOVATIONS FLOOR COVERING, INC

**Current Principal Place of Business:**

4543 SALVIA DR  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

4543 SALVIA DR  
ORLANDO, FL 32839

**New Mailing Address:**

**FEI Number:** 26-3553080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALONSO, CARLOS  
4543 SALVIA DR  
ORLANDO, FL 32839 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** CARLOS ALONSO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ALONSO, CARLOS  
**Address:** 4543 SALVIA DR  
**City-St-Zip:** ORLANDO, FL 32839

**Title:** VD  
**Name:** ALONSO, HUGO  
**Address:** 4543 SALVIA DR  
**City-St-Zip:** ORLANDO, FL 32839

**Title:** D  
**Name:** ALONSO, GUSTAVO  
**Address:** 4543 SALVIA DR  
**City-St-Zip:** ORLANDO, FL 32839

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CARLOS ALONSO

PD

10/27/2014

Electronic Signature of Signing Officer or Director

Date