

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT 15 PM 1:21

DOCUMENT # P09000040325

1. Corporation Name

Miami Wood decks & Floors, Inc.

REINSTATEMENT 10-12

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

7860 camino real

3. Mailing Office Address

Suite, Apt. #, etc.

L208

Suite, Apt. #, etc.

City & State

Miami

City & State

FL

Zip

33143

Country

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

05-06-2009

5. FEI Number

943479938

☐ 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

Cristian Russo

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

7860 camino real

Suite, Apt. #, Etc.

L208

City

Miami

State

FL

Zip Code

33143

600240832426  
10/15/12--01051--019 \*\*1050.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-10-12

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
<u>P</u>	<u>Russo, Cristian</u>	<u>7860 caminoreal</u>	<u>miami, FL 33143</u>

10. E-mail Address: CRIS WOOD FLOORS@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-12

Date

D. BUTLER  
Daytime Phone #