

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 15 PM 1:21

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000040325

1. Corporation Name
Miami Wood Decks & Floors, Inc.

REINSTATEMENT 10/12

2. Principal Office Address - No P.O. Box #
7860 camino real
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.
L208

CR2E081 (11/10)

City & State
Miami

City & State
FL

4. Date Incorporated or Qualified To Do Business in Florida 05-06-2009

5. FEI Number 943479938 Applied For Not Applicable

Zip 33143

Country

Zip

Country

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
P	Russo, Cristian	7860 camino real	miami, FL 33143

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-10-12

D. BUTLER
Daytime Phone #