

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000048046

**FILED**  
**Oct 17, 2014**  
**Secretary of State**

**Entity Name:** FUENTES FLOOR COVERING INC

**Current Principal Place of Business:**

8424 LINCOLN COVE DR  
102 B  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8424 LINCOLN COVE DR  
102 B  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 46-2911356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FUENTES, ARISBEL  
8424 LINCOLN COVE DR  
102 B  
TAMPA, FL 33614 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:** ARISBEL FUENTES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FUENTES, ARISBEL  
**Address:** 8424 LINCOLN COVE DR APT 102 B  
**City-St-Zip:** TAMPA, FL 33614

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:** ARISBEL FUENTES

P

10/17/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date