

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -2 AM 9:23

DOCUMENT #

P93000036604

1. Corporation Name

Wholesale Flooring Distributors, Inc.

400004488424--1

-07/20/01--01102--034

***1050.00 ***1050.00

400004488424--1

-07/20/01--01102--035

****158.75 ****158.75

REINSTATEMENT 98-01

2. Principal Office Address

2201 Sheridan St.

Suite, Apt. #, etc.

3. Mailing Office Address

SAMR

Suite, Apt. #, etc.

City & State

Holly wood, FL

Zip

33020

Country

USA

City & State

SAME

Zip

SAME

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/91

5. FEI Number

165 0412302

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

SHARON CIAVATTO

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

311 SW 3 St

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33008

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

Sharon Ciavatto
REGISTERED AGENT MUST SIGN

Date 6-02-01

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
V Pres.	JASON CIAVATTO	1016 QUANA ISLES	PT LAUDERDALE, FL 33315
Pres.	DOMINIC CIAVATTO	311 SW 3 St	Hallandale, FL 33008

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Jason Ciavatto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-01

Date

954 920 2276

Daytime Phone #

CR2E081 (9/99)