

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **196066051390**

1. Corporation Name

Advanced Flooring Brokers

2. Principal Office Address

10361 S.W. 9th Lane

Suite, Apt. #, etc.

City & State

Pembroke Pines Florida

Zip

33025

Country

U.S.A.

3. Mailing Office Address

300 Biscayne Blvd. Way

Suite, Apt. #, etc.

#922

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

REINSTATEMENT

000023277416

03/23/03--01037--011 **1058.50

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

65-0673196

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

Felix Louis Baquedano

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

10361 S.W. 9th Lane

Suite, Apt. #, Etc.

City

Pembroke Pines,

State

FL

Zip Code

33025

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 **9-4-03**

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
President	Felix Louis Baquedano	10361 S.W. 9th Lane	Pembroke Pines, Fl. 33025

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Felix Louis Baquedano
PRESIDENT

Date

9/4/03

Daytime Phone #

786 285-1162

CR2E081 (10/02)