

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 FEB 20 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800014090128  
03/14/03--01049--018 \*\*300.00

DOCUMENT # **PA8000005744**  
1. Corporation Name  
**NATIONS FLOORS INC**

2. Principal Office Address

**1671 N ST RD 7**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**FT LAUDERDALE FL**

City & State

Zip

**33068**

Country

**BROWARD**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-0806492**

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

**Daniel Guanche**

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

**1671 N. St. Rd. 7**

Suite, Apt. #, Etc.

City

**Ft. Lauderdale**

State  
**FL**

Zip Code

**33068**

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

REGISTERED AGENT MUST SIGN

Date

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
<b>P/D</b>	<b>DANIEL GUANCHE</b>	<b>1671 N. STATE RD 7</b>	<b>FT LAUDERDALE, FL 24- 33068</b>

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

**2-19-03**

Date

Daytime Phone #

CR2E081 (10/02)

Nations Tile Floors  
1651 N State Rd 7  
Ft Lauderdale, FL 33068

zak

February 19, 2003

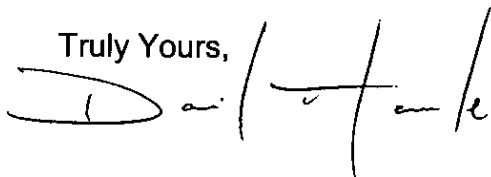
Florida Department of Corporations  
409 E Gains St  
Tallahassee FL 32399

Attn: Michelle Milligan

This letter is in response to the 2002 annual report. The 2002 reports were not revised; please wave any and all penalties or fees for filing late.

*Forwards*

Truly Yours,

A handwritten signature in black ink, appearing to read "Daniel Guanche". The signature is stylized with a large, looped "D" and a long, sweeping horizontal stroke.

Daniel Guanche  
Owner