

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 31 PM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000011382

1. Corporation Name

ALL FLOORS CORP.

Principal Place of Business

Mailing Address

9461 DANA ROAD
MIAMI FL 33157

9461 DANA ROAD
MIAMI FL 33157

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

17616 SW 145 ST
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

17616 SW 145 CT
Suite, Apt. #, etc.

City & State

Miami FL
Zip 33177

City & State

Miami
Zip 33177

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1998

5. FEI Number

65-0807041

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	RUBALCABAL, LUIS M	9461 DANA ROAD 17616 SW 145 CT	MIAMI FL 33157 33177
SD	RUBALCABAL, SILVIA M	9461 DANA ROAD 17616 SW 145 CT	MIAMI FL 33157 33177
			900003130339--0 -02/10/00--01004--027 ****150.00 ****150.00
			900003130339--0 -02/10/00--01004--028 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

RUBALCABAL, LUIS M
9461 DANA ROAD
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name

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

17617 SW 145 CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E040 (8/99)