

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 16 PM 5: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000044221

1. Corporation Name

ORLANDO'S CUSTOM WOOD FLOORS, INC.

REINSTATEMENT 08-09

500162843615  
11/16/09--01028--017 \*\*300.00  
CR2E081 (10/09)

2. Principal Office Address- No P.O. Box #

7167 NW 52 ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

Country

33166

DADE

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/1998

5. FEI Number  
650839275

☒ 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

ORLANDO LAZARO

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

7167 NW 52 STREET

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33166



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/06/09

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
P	ORLANDO LAZARO	7167 NW 52 ST	MIAMI, FL. 33166
S	MIRTHA M LAZARO	7167 NW 52 ST	MIAMI, FL. 33166

10. E-mail Address: ruthledesma@bellsouth.net

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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

Orlando Lazaro

11/06/09 (305)594-1969

Date

Daytime Phone#