

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -8 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600015469146

04/08/03--01047--001 **308.75

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 999000016083

1. Corporation Name

PROFESSIONAL CUSTOM FLOORS,
INC.

2. Principal Office Address

11030 N. LAKEVIEW DR. SAME

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

Suite, Apt. #, etc.

N/A

City & State

PEMBROKE PINES

City & State

FL. --

Zip

33026

Country

BROWARD

Zip

N/A

Country

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

2/18/99

5. FEI Number

65-0895051

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

JOSE ECHAVARRIA

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

11030 N. LAKEVIEW DR.

Suite, Apt. #, Etc.

PEMBROKE PINES, FL. 33026

City

State
FL

Zip Code

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

Jose Echavarría
REGISTERED AGENT MUST SIGN

Date

3/12/03

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
PRES/SECT.	JOSE ECHAVARRIA	11030 N. LAKEVIEW DR. PEMB. PINES, FL. 33026	
V.P./TREAS	MARLEN REY	SAME AS ABOVE	

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:

Jose Echavarría
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03 (954) 435-0735
Date Daytime Phone #

CR2E081 (10/02)

754/9

Professional Custom Floors

11030 N. Lakeview Dr.

Pembroke Pines, Fl. 33026

(954) 430-1732

March 12, 2003

Florida Department of State
Department of Corporations

Re: Corporation Reinstatement

Dear Sirs:

Due to a change of address we have not received correspondence from you. Through the internet we have found that our Corporation is listed as inactive.

On April 26, 2002 we mailed a check to you for \$158.75. Today I was informed by phone that the check was made out to the wrong department and therefore it was never deposited. We, unfortunately, never found out that this was the case since your correspondence never reached us.

We are attaching a reinstatement form and a check for \$300.00. Kindly waive any penalties since it was not our intention to evade any tax liability or license fees. Please reinstate our company and make the change of address effective immediately. The change of address was in our previous form however, I was informed today that it did not go through.

We apologize for the inconvenience.

Sincerely,

M. Rey
Jose Latorre