

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 18 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *999000077120*

1. Corporation Name

H & M FLOORING & INTERIORS, INC.

2. Principal Office Address

531 NW 82ND AVE

Suite, Apt. #, etc.

607

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

531 NW 82ND AVE

Suite, Apt. #, etc.

607

City & State

Miami, FL

Zip

33126

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593 600 888

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

Patricia Alvarenga

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

1559 SW 138 PL

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

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 *June 8, 2004*

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
✓	EVELYN ALVARENGA	11330 SW 44TH ST MIAMI, FL 33165	Miami, FL 33165
P	MIQUEL ALVARENGA	11330 SW 44TH ST	Miami, FL 33165

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 8, 2004

Daytime Phone #

CR2E081 (01/04)

PS 2452

M&M FLOORING & INTERIORS, INC.

531 NW 82ND AVE, Suite 607
MIAMI, FL 33126

June 15TH, 2004
Miami, FL

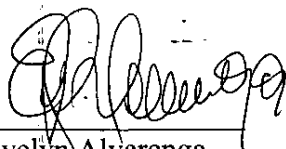
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Andy Dunlop:

As per my telephone conversation with your office, I am sending a check for \$300.00, covering the two years annual reports. Please be informed that the Uniform Business Report for **M&M FLOORING & INTERIORS, INC.** was not received for the year 2003. This is due to the fact that the address was changed. The report would have been filed on a timely manner if I had notice ahead of time.

Thank you for your time and consideration. Please direct any questions or concerns to the location given.

Sincerely,



Evelyn Alvarenga