

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -2 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99 0000 84430

1. Corporation Name:

SHORELINE FLOORING, INC.

2. Principal Office Address

10548 LAKEVISTA CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33498

Country

PAIM BEACH

3. Mailing Office Address

10548 LAKEVISTA CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33498

Country

PAIM BEACH

REINSTATEMENT 01-03

100017871411
05/02/03--01032--021 **1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

9/23/1999

5. FEI Number

650958469

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

TERLIZZI, FRANK

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

601 SW 6TH AVENUE

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

Zip Code

33009

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

Frank Terlizzi

Date

REGISTERED AGENT MUST SIGN

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/D	TERLIZZI, FRANK	10548 LAKEVISTA	Boca Raton, Fl 33498

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:

Frank Terlizzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (10/02)

gt 5/5