

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 25 AM 10: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03/10/03--01006--002 \*\*1950.00

**REINSTATEMENT 95-03**

DOCUMENT # 331857

1. Corporation Name

The Carpet Shop, Inc.

2. Principal Office Address

3333 Capital Circle N.E.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32308

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

—

Zip

—

Country

—

4. Date Incorporated or Qualified  
To Do Business in Florida

June 28, 1968

5. FEI Number

59-1213477

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

T. Lynn Wollschlager

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

2865 Asbury Hill Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

February 24, 2003

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| P/D    | T. Lynn Wollschlager                 | 3333 Capital Circle, N.E.                         | Tallahassee FL 32308 |
| S/T/D  | Georgianna Wollschlager              | 3333 Capital Circle, N.E.                         | Tallahassee FL 32308 |
| VP/D   | David Wollschlager                   | 3333 Capital Circle, N.E.                         | Tallahassee FL 32308 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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 807.0401 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

February 24, 2003

Date

850-386-7139

Daytime Phone #

MW

CR2E081 (10/02)