PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

F73605

1. Corporation Name

TROPICAL MIRROR & CARPET, INC.

City & State City & State Country Street Address of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Director Name of Officers and/or Director City / State / Zip PTD WHITMAN, RICHARD WILLIAM 617 SIXTH LANE PALM BCH GARDENS FL VSD WHITMAN, RICHARD W., JR. 3787 HOLIDAY ROAD LAKE PARK FL T WHITMAN, RYAN 3787 HOLIDAY RD LAKE PARK FL City / State / Zip LAKE PARK FL City / State / Zip AND City / State / Zip City / State / Zip AND City / State / Zip A	D-111-0											
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JUPITER FL 33459 US	SUITE #3										NEN BURN BURN YERI	
If above addresses are incorrect in any way, line through incorrect Information and enter correction below. 2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Date Incorporated or Qualified To Do Business in Florida 7. New Principal Office Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Name and Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Name and BCH GARDENS FL VSD WHITMAN, RICHARD WILLIAM 617 SIXTH LANE PALM BCH GARDENS FL LAKE PARK FL 1. WHITMAN, RICHARD WILLIAM 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name WHITMAN, RICHARD WILLIAM 5. Sireet Address (P.O. Box Number is Not Acceptable)				JUPITER FL	•				. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	**** ***** **** ****	
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T WHITMAN, RYAN 3787 HOLIDAY RD LAKE PARK FL B O O O 35 7 6 8 6 8 01 / 26 / 01 01071 002 *****300.00 ****************************	רוט	WHITMAN, RICHARD WILLIAM			617 SIXTH LANE				PALM BCH GARI	DENS FL		
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450 S. OLD DIXIE HIGHWAY, SUITE 11						Name						
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. City State Zip Code						City				State Zip C	ode	\dashv
FL FL				/	21					FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.	10. I, being	appointed the	registered agent of the abo	ove named orpo	fation, am fa	emiliar wi	th and accept the ol	bligations of Section	on 607.0505, F.S.	/ /		7
Signature of Registered Agent Date 1/13/01	Signature of Registered /	f Agent	Mehon 7	This					Date	13/0) ·	
REGISTERED AGENT MUST SIGN			Ri	GISTERED AG	ENT MUST	SIGN						╛
11. 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 feed 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 indicates	this reins	statement app	dication, the reason for disse	olution has been	eliminated, t	he corpo	rate name satisfies	the requirements of	of section 607.0401 or	r 617.0401. F.S	that all fees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

SECRETARY OF STATE TALLAHASSEE FLORIDA

JAN 16 AM 9:59

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