PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN 16 AM 9:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F73605

1. Corporation Name

TROPICAL MIRROR & CARPET, INC.

Principal Place of Business	Mailing Address
300 TONEY PENNA DR SUITE #3 JUPITER FL 33458 US	300 TONEY PENNA DR STE 3 JUPITER FL 33458 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2000-01

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/25/1982

5. FEI Number: 59-2229810 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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
			800003576868--0 -01/26/01--01071--002 ****900.00 ~~****900.00~~ 900.00

8. Name and Address of Current Registered Agent

WHITMAN, RICHARD WILLIAM
450 S. OLD DIXIE HIGHWAY, SUITE 11
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/00)

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.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 1/13/01

REGISTERED AGENT 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 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 REQUIRED — 1/13/01 — KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #