

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR -6 AM 11: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000009418

1. Corporation Name

O. B. CARPET, INC.

200005168932--9

-03/26/02--01039--009

****908.75 ****908.75

2. Principal Office Address

3. Mailing Office Address

1835 E. FOWLER AVE 4807 Willowrun PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT A

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33612

33624-6327

4. Date Incorporated or Qualified
To Do Business in Florida

1/21/2000

5. FEI Number

65-0988038

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

OMAR BANEZAS

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

4807 Willowrun PL

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

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

OMAR BANEZAS

REGISTERED AGENT MUST SIGN

Date

02/28/02

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	OMAR BANEZAS	4807 WILLOWRUN PL TAMPA, FL 33624	TAMPA, FL 33624

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:

OMAR BANEZAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/28/02

Daytime Phone #

CR2E081 (9/01)