

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **631419**

1. Corporation Name

ENCORE CARPETS, INC.

Principal Place of Business

Mailing Address

13639 TWIN LAKE LANE
TAMPA FL ~~33624~~ **33618**

13639 TWIN LAKE LANE
TAMPA FL ~~33624~~ **33618**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1979

5. FEI Number

59-1928101

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
PD	KOPELMAN, JACK	13639 TWIN LAKE LANE	TAMPA FL 33624 33618
S	KOPELMAN, BETTY S	13639 TWIN LAKE LANE	TAMPA FL 33624 33618

400023752164
10/13/03--01074--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOPELMAN, JACK
13639 TWIN LAKE LANE
TAMPA FL ~~33624~~ **33618**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/10/03**

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:

Betty S. Kopelman (BETTY S. KOPELMAN)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 (813) 961-8411

CR2E040 (7/03)

ENCORE CARPETS, INC.
13639 TWIN LAKE LANE
TAMPA, FLORIDA 33618

October 10, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: APPLICATION FOR REINSTATEMENT
ENCORE CARPETS, INC. - DOCUMENT #631419

TO WHOM IT MAY CONCERN:

THIS IS TO ADVISE YOU THAT WE DID NOT
RECEIVE OUR ANNUAL CORPORATE REPORT, FORMS I & II.

THEREFORE, PLEASE RETURN THIS CORPORATION TO
ACTIVE STATUS. ENCLOSED IS OUR CHECK IN THE
AMOUNT OF \$150.00 TO COVER THE FILING FEE.

SINCERELY,

ENCORE CARPETS, INC.

BY:

JACK KOPELMAN,
PRESIDENT

AND

BY:

JACK KOPELMAN,
REGISTERED AGENT