

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 NOV -3 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000092

1. Corporation Name

OASIS/NEW WORLD RUGS, INC.

Principal Place of Business

Mailing Address

~~8741 HICKORY CT.
DAPHNE AL 36527~~

~~8741 HICKORY CT.
DAPHNE AL 36527~~



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

2. New Principal Office Address, If Applicable

~~104 So. PALAFOX ST~~
~~PENSACOLA, FL~~
City & State

3. New Mailing Office Address, If Applicable

~~PO Box 670~~
~~Suite, Apt. #, etc.~~

~~PENSACOLA, FL~~
City & State

Zip ~~32501~~ Country ~~USA~~

Zip ~~32591~~ Country ~~USA~~

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/2002

5. FEI Number

63-1273788

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
PC	WEIBLE, VIRGINIA A	8741 HICKORY CT. 104 SO. PALAFOX ST	DAPHNE AL 36527 PENSACOLA, FL 32501
SVC	WEIBLE, RONALD L	8741 HICKORY CT. 104 SO. PALAFOX ST	DAPHNE AL 36527 PENSACOLA, FL 32501

8. Name and Address of Current Registered Agent

WEIBLE, VIRGINIA A
104 S. PALAFOX ST.
PENSACOLA FL 32501

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

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 10-13-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-03 (850) 470
9600

(CR20040 (7/03))



October 13, 2003

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Ref: Reinstatement Fee Waive Request

I recently received a corporate cancellation/reinstatement notice from your agency and request that your office waive the reinstatement penalty due to the fact that we did not receive the annual report form. In all probability it was not forwarded from our previous address.

If you have any comments regarding this address you can reach me at (850) 470-9600 during business hours. I am enclosing the \$150 standard filing fee. Thank you in advance for your understanding.

Very truly yours,
Oasis/New World Rugs, Inc.



Ron Weible