

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 00 JAN 18 PM 12: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT	
DOCUMENT # <i>File 000004006</i>					
1. Corporation Name GCO Carpet Outlet, Inc.					
Principal Place of Business 210 TownPark Drive Kennesaw, GA 30144			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 58-2248353 Applied For ☐ Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)				6. CERTIFICATE OF STATUS DESIRED ☒	
1 True(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip		
CEO director	A.J. Nassar	210 TownPark Drive	Kennesaw, GA 30144		
Pres.	Mike Cherico	210 TownPark Drive	Kennesaw, GA 30144		
Vice Pres. director	Thomas P. Leahey	210 TownPark Drive	Kennesaw, GA 30144		
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 South Pine Island Road Plantation, FL 33324			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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. Signature of Registered Agent <i>Dale W. Morris</i> DALE W. MORRIS ASSISTANT VICE PRESIDENT Date <i>1/17/2000</i>			11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)		
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Mike Cherico</i> Mike Cherico, President <i>1/13/00 (678) 355-4154</i> SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					