

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

98 NOV 25 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K41770**

1. Corporation Name

THE CRYSTAL CARPET, INC.

Principal Place of Business

C/O THOMAS WICHELE
80 CYPRESS AVE.
WEST PALM BEACH FL 33415

Mailing Address

C/O THOMAS WICHELE
80 CYPRESS AVE.
WEST PALM BEACH FL 33415

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0109976

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	WICHELE, THOMAS	80 CYPRESS AVE	W. PALM BCH FL
D	WICHELE, ARLENE	80 CYPRESS AVE	W. PALM BCH FL
			700002702197--4 -12/03/98--01088--019 ****750.00 ****750.00

REINSTATEMENT

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98

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WICHELE, THOMAS
80 CYPRESS AVE
WEST PALM BEACH FL 33415

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.

Signature of
Registered Agent

Thomas Wichele

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-21-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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:

Thomas Wichele

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-98

1561 683-7357

Date Daytime Phone #

CR2E040 (9/98)