

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038074

1. Corporation Name

PALMETTO HOME CENTER CARPET AND TILE DISCOUNT, INC.

Principal Place of Business

4882 NW 167ST  
HIALEAH FL 33014

Mailing Address

140 NW 57 COURT  
MIAMI FL 33126



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 Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/2000

5. FEI Number

65-1000930

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BRINK, ILEANA	<del>140 NW 57 COURT</del> 4882 NW 167 ST	<del>MIAMI FL 33126</del> MIAMI FL 33014

800009636478  
12/23/02--01054--002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRINK, ILEANA

~~140 NW 57 COURT~~

~~MIAMI FL 33126~~

4882 NW 167 ST  
MIAMI FL 33014

Name

Street Address (P.O. Box Number 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

*Signature of Ileana Brink*  
REGISTERED AGENT MUST SIGN

Date

12/15/02

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 of Ileana Brink*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/17/02

Daytime Phone #

305-621-7410

CR2E040 (8/02)

**PALMETTO HOME CENTER**  
**CARPET & TILE DISCOUNT**

4882 N.W. 167 St. • MIAMI, FLORIDA 33014  
(305) 621-7410 • FAX: (305) 621-7411

To. ASSISTANCE DEPARTMENT

When WE INCORPORATED WE HAD NO  
BUSINESS ADDRESS SO, WE USED MY-  
MOTHER'S ADDRESS (140 NW 57 ST). Shortly After  
that WE CHANGED ALL CORRESPONDENCE  
to the BUSINESS ADDRESS (4882 NW 167 ST)

About 9 days Ago I FOUND this form  
AT MY MOM'S HOUSE. It SEEMS  
WE NEVER CHANGED ADDRESS WITH  
the STATE. CAN YOU PLEASE  
HELP US WITH this - Your  
OFFICE ASKED US TO SEND APPLICATION  
WITH \$15000 to SEE IF they CAN  
HELP US. Thank You  
KINDEST regards  
Diana