

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, I NC.**

Principal Place of Business <b>4882 NW 167ST HIALEAH FL 33014</b>	Mailing Address <b>140 NW 57 COURT MIAMI FL 33126</b>
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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	3. New Mailing Office Address, If Applicable <b>4882 NW 167 St</b> Suite, Apt. #, etc. <b>MIAMI FL</b> City & State <b>33014</b> Zip <b>DADE</b> County	4. Date Incorporated or Qualified To Do Business in Florida <b>04/14/2000</b>	5. FEI Number <b>65-1000930</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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> <b>4882 NW 167 St</b>	<del>MIAMI FL 33126</del> <b>MIAMI FL 33014</b>

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

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<p><del>BRINK, ILEANA</del> <del>140 NW 57 COURT</del> <del>MIAMI FL 33126</del></p> <p><b>4882 NW 167 St</b> <b>MIAMI FL 33014</b></p>	<p>Name <b>Jim Smith</b></p> <p>Street Address (P.O. Box Number Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City <b>FL</b> State <b>FL</b> Zip Code</p>
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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 REQUIRED** Date **12/15/02**  
REGISTERED AGENT MUST SIGN

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 REQUIRED** Date **12/17/02** Daytime Phone # **305-621-7410**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 ADDRESSES 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