

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 12 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000 56774**

1. Corporation Name

MIAMI RUG COMPANY

2. Principal Office Address

2840 N. Federal Hwy

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL 33306

Zip

33306

Country

Broward

3. Mailing Office Address

2840 N. Federal Hwy

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL 33306

Zip

33306

Country

Broward

REINSTATEMENT

01-05

MRD

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/13/2000

5. FFI Number

65-1022904

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Laux, Philip S.

Street Address (P.O. Box Number is Not Acceptable)

2840 N. Federal Hwy

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33306

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

1/7/2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------------|
| PTD | Laux, Philip S | 2840 N. Federal Hwy | Ft. Lauderdale, FL 33306 |
| SVD | BURNOS, Frederick S | 2840 N. Federal Hwy | Ft. Lauderdale, FL 33306 |
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10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/2005 954-921-5133

Daytime Phone #

CR2E081 (01/05)