

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01-12-08

108

DOCUMENT # P00000109406

1. Corporation Name

TIMELESS CARPETS CO.
CARPETS

Principal Place of Business

401 NE MIZNER BLVD STE T408
BOCA RATON FL 33432

Mailing Address

401 NE MIZNER BLVD STE T408
BOCA RATON FL 33432

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

11/22/2000

5. FEI Number

651078984

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHEYBANI, MANDANA	401 NE MIZNER BLVD STE T408	BOCA RATON FL 33432

800005022538--4
-02/27/02--01009--007
****300.00 ****300.00

8. Name and Address of Current Registered Agent

SHEYBANI, MANDANA
401 NE MIZNER BLVD STE T408
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

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

Date

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: ✓ Mandana Sheybani MANDANA SHEYBANI ✓ 01-04-02 ✓ 561-271-4643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

SOULE & ASSOCIATES, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

BRUCE D. SOULE, CPA

289 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33334
TELEPHONE: (954) 561-5801
FAX: (954) 561-5877

January 2, 2002

Florida Department of State
Division of Corporations
~~Annual Report/Reinstatement Section~~
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Timeless Carpets Co.

Dear Sir or Madam:

We are enclosing the completed and signed Application for Reinstatement form for the above-referenced client. Also enclosed is their check in payment of the annual fee of \$150.00.

Our client was advised by your department in a telephone conversation to follow this procedure since they did not receive their annual corporate report form earlier in 2001.

Sincerely,

SOULE & ASSOCIATES, P.A.



Joyce T. Stewart

Enclosures