


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000046300		
1. Entity Name CARPET SALES SERVICES INC.		

Principal Place of Business 1313 NW 65 PL BAY, #4 FT LAUDERDALE, FL 33309	Mailing Address 1313 NW 65 PL BAY, #4 FT LAUDERDALE, FL 33309
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10132004 REIN-P CR2E098 (6/04)

4. FEI Number 65-1108237	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
BRYANT, FERN 1313 NW 65 PL BAY, #4 FT LAUDERDALE, FL 33309	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, FERN 1313 NW 65 PL BAY, #4 FT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100042831891 11/17/04--01045--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Fern Bryant **Fern Bryant** 11/3/04 **954-970-7771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
04 NOV -9 AM 10: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Annual Report, Document: P01000046300

Gentlemen:

We are writing to inquire as to our annual report. We have yet to receive our annual reports to fill out and return. Because it is October, we quite concerned that you may have gotten our mail mixed up with some other file.

We are enclosing our check for the annual fee of \$150.00.

Please do not dissolve this corporation.

Thank you for your cooperation.

Yours truly,

A handwritten signature in cursive script, appearing to read "Fern Bryant".

Fern Bryant
Carpet Sales Services, Inc.

Enc: 1