FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 DEC -6 AM 11:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P01000048332

1. Corporation Name

ABBEY CARPET OF TAMPA PALMS, INC.

REINSTATEMENT 02

2. Principal Office Address	3. Mailing Office Address
14945 Bruce B Downs Boulevard	14945 Bruce B Downs Boulevard
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33647 Country: Hillsborough	Zip: 33647 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 5/15/2001

5. FEI Number: NONE — ☐ 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: Patrick A. Adipietro

100005026161
11/15/02--01078--019 **750.00

Street Address (P.O. Box Number is Not Acceptable): 14945 Bruce B Downs Boulevard

Suite, Apt. #, Etc.: 201

City: Tampa State: FL Zip Code: 33647

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: Patrick Adipietro
REGISTERED AGENT MUST SIGN

Date: 11/8/2002

CR2E061 (8/01)

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
PRES.	PATRICK ADIPIETRO	3618 CYPRESS MEADOWS DR	TAMPA FL 33624

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: Patrick Adipietro — Patrick A. Adipietro — 11/8/2002 — (813) 891-1988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J 12/10