

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 18 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000057485

1. Corporation Name

GEORGIA CARPET PURVEYORS, INC.

2. Principal Office Address

2875 N.E. 191 Street

Suite, Apt. #, etc.

Suite 500

City & State

Aventura, Florida

Zip

33180

Country

3. Mailing Office Address

P.O. Box 012949

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33101

Country

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

7-9-01

5. FEI Number

01-0632631

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

Rosenthal, Kerry

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

2875 N.E. 191 Street

Suite, Apt. #, Etc.

Suite 500

City

Aventura, Florida

State

FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Date

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
D	Baron, Louis	1776 Bay Drive	Miami Beach, FL 33140

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:

Louis Baron Louis Baron

2-13-03

Date

Daytime Phone #

CR2E081 (10/02)

Georgia Carpet Purveyors, Inc.
PO Box 012949 Miami, Florida 33101
(305)358-7710 Ext. 101 - Fax (305)358-1139

February 12, 2003

Florida Department of State
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement

Dear Sir:

In April Of 2002, we filed our annual report with a check for \$50.00. It appears that we filed the wrong form and that the fee was \$150.00. Per my conversation with your office, they informed me that the check was cashed and the form was sent back for additional funds due. We never received this request.

Therefore, we request that the company be reinstated and that the penalty charges be waived.

We are enclosing a check for \$250.00 representing our \$100.00 underpayment for the year 2002 and \$150.00 fee for the year 2003.

Thank you for your time in this matter.

Sincerely,



Leonard Katz
Controller