

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAY 23 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01 000087023

1. Corporation Name
SAKS ORIENTAL RUGS, INC.

2. Principal Office Address
1916 S DALE MABRY HWY

Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip
33629

Country
USA

3. Mailing Office Address
1916 S DALE MABRY HWY

Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip
33629

Country
USA

REINSTATEMENT

03-05

4. Date Incorporated or Qualified
To Do Business in Florida 08/31/2001

5. FEI Number
59-3748969

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
KHOSRO EATEMADPOUR

Street Address (P.O. Box Number is Not Acceptable)
16403 SHAGBARK PLACE

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33618

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 05/19/2005

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
PST	KHOSRO EATEMADPOUR	16403 SHAGBARK PL	TAMPA, FL 33618

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]

KHOSRO EATEMADPOUR

05/19/2005

813-258-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (01/05)