

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000098057**

1. Corporation Name

**CARPET DIRECT WHOLESALE, INC.**

Principal Place of Business

**903 PINELLAS BAYWAY  
SUITE 204  
TIERRA VERDE FL 33715**

Mailing Address

**903 PINELLAS BAYWAY  
SUITE 204  
TIERRA VERDE FL 33715**

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

**10/09/2001**

5. FEI Number

**59-3749372**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

REINSTATEMENT

03

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
PSTD	HAMPTON, OLGA	903 PINELLAS BAYWAY	TIERRA VERDE FL 33715
VD	HAMPTON, IAN K	903 PINELLAS BAYWAY	TIERRA VERDE FL 33715

200023922542  
10/20/03--01006--002 \*\*150.00

*[Signature]*  
10/20

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/15/03**  
Date

**722  
743-4463**  
Daytime Phone #

CR2E040 (7/03)

## *CARPET DIRECT WHOLESALE, INC.*

10/15/03  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl.  
32314

Dear Sir,

Please find enclosed my Application for Reinstatement. I have not received any URB filling notices and I am therefore enclosing a check in the amount of \$150.00 which I believe to be the amount owed.

- Yours faithfully,



Ian Hampton