


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 26 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000101541

1. Corporation Name  
Emilio's Carpet, Inc

2. Principal Office Address  
471 SW 130th Terrace  
Suite, Apt. #, etc.

3. Mailing Office Address  
471 SW 130th Terrace  
Suite, Apt. #, etc.

**REINSTATEMENT 03**

4. Date Incorporated or Qualified To Do Business in Florida 10/18/01

5. FEI Number 65-1152997 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 Emilio E Mendoza

Street Address (P.O. Box Number is Not Acceptable) 471 SW 130th Terrace

Suite, Apt. #, Etc.

City Davie, FL State FL Zip Code 33325

30002577053  
12/26/03--01078--004 \*\*151.00

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 Emilio Mendoza REGISTERED AGENT MUST SIGN Date 12/2/03

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
President	Emilio E Mendoza	471 SW 130th Terrace	Davie, FL 33325

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)(f), 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: Emilio Mendoza REGISTERED AGENT MUST SIGN Date 12/2/03 Daytime Phone # (954) 347-7271

CR2E081 (10/02)

# **TUBBS & BARTNICK, P.A.**

*CERTIFIED PUBLIC ACCOUNTANTS*

December 15, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: TAXPAYER: EMILIO'S CARPET, INC.  
EIN: 65-4152997  
DOCUMENT #: P01000101541 - APPLICATION FOR REINSTATEMENT

Dear Madam/Sir:

As the accountants for the above-referenced taxpayer, we have been requested to forward you the enclosed Corporation Reinstatement.

Enclosed is Personal Money Order #803357998 in the amount of \$150 payable to Department of State.

On behalf of Emilio's Carpet, Inc., we respectfully request consideration of any penalties/additional fees that may be required for reinstatement. Emilio Mendoza, the president of the company, has indicated to us that he never received any correspondence (Annual Report) or any notices thereafter showing that the corporation was delinquent in its filing requirements with the Department of State:

Part of the problem is that documents were mailed to the address on record (7637 NW 42 Place #142, Sunrise, Florida 33351) which is Mr. Mendoza's old home address. In November 2002, Mr. Mendoza moved. His principal residence, which is also the address he uses for business purposes, is as follows:

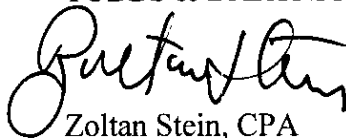
471 SW 130<sup>th</sup> Terrace  
Davie, FL 33325

Please note that this address is reflected on the application enclosed.

Based upon the above, we respectfully request that you process the Corporation Reinstatement application and consider waiver of the additional fees/penalties that have been assessed.

If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,  
TUBBS & BARTNICK, P.A.

  
Zoltan Stein, CPA

ZS/jt  
enclosures  
emilios-01