


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED

04 SEP 27 PM 12:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000101541  
 1. Corporation Name  
EMILIO'S CARPET, INC.

2. Principal Office Address  
3810 N.W. 113 AVE  
 Suite, Apt. #, etc.

3. Mailing Office Address  
3810 N.W. 113 AVE  
 Suite, Apt. #, etc.

City & State  
SUNRISE, FL

City & State  
SUNRISE, FL

Zip Country  
33323 USA

Zip Country  
33323 USA

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

5. FEI Number 651132997 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name  
EMILIO MENDOZA

Street Address (P.O. Box Number is Not Acceptable)  
3810 N.W. 113 AVE

Suite, Apt. #, Etc.

City  
SUNRISE

Zip Code  
33323

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent Emilio Mendoza Date 9/22/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Emilio Mendezza	3810 NW 113 Ave	Sunrise, FL 33323

000041638958  
 10/06/04--01026--016 \*\*150.00

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)(b), 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 Date 9/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR

CORP 11/01/04

EMILIO'S CARPET, INC.  
7637 N.W. 42 PLACE #142  
SUNRISE, FL 33351

FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS  
REINSTATEMENT SECTION  
409 EAST GAINES ST  
TALLAHASSE, FL 32314

TO WHOM IT MAY CONCERN:

I, EMILIO MENDOZA, AM SUBMITTING THIS LETTER TO INFORM YOU THAT  
REASON FOR ME NOT HAVING SENT THE ANNUAL REPORT IS BECAUSE I  
DID NOT RECEIVED THE FORM .

ATTACHED YOU'LL FIND A MONEY ORDER IN THE AMOUNT OF \$ 150  
WHICH IS THE FEE FOR ONE YEAR.  
PLEASE ACCEPT THIS FEE IN EXCHANGE FOR REOPENING, MY CORPORATON  
DOCUMENT # P 01000101541  
MY NEW ADDRES  
3810 N.W. 113 ave  
SUNRISE, FL3323

RESPECTFULLY YOURS,

*Emilio Mendoza*