

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 31 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 601000118538

**1. Corporation Name**

Premium Carpet, Inc

**2. Principal Office Address**

822 Belle Alliance Ct

Suite, Apt. #, etc.

City & State

Pensacola

Zip

32514

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

FL

Zip

32514

Country

USA

**REINSTATEMENT**

03

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

1/1/02

**5. FEI Number**

☒ 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

John Braun

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

822 Belle Alliance Ct

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32514

**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

John Braun

REGISTERED AGENT MUST SIGN

Date 12-10-03

**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
Owner P.D.	John Braun	822 Belle Alliance Ct	Pensacola FL 32514

**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:**

John Braun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-03

Date

474-1133

Daytime Phone #

CR2E081 (10/02)