

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 # P02000027933

1. Corporation Name

PEREIRA CARPET, CORP.

Principal Place of Business

6800 NW 39TH AVE LOT 381  
COCONUT CREEK FL 33073

Mailing Address

6800 NW 39TH AVE LOT 381  
COCONUT CREEK FL 33073

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6800 NW 39 AVE  
Suite, Apt. #, etc.  
Lot 364

3. New Mailing Office Address, If Applicable

PO Box 970109  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/13/2002

5. FEI Number

45-0469847

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
P	PEREIRA, JOSE F	6800 NW 39TH AVE LOT 381	COCONUT CREEK FL 33073

680023870606  
10/17/03--01022--011 \*\*150.00

8. Name and Address of Current Registered Agent

AQUILINO, JULIANA  
3961 N. FEDERAL HWY  
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name

JOSE PEREIRA

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

6800 NW 39th Ave Lot 364

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33073

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 \*

JOSE PEREIRA  
REGISTERED AGENT MUST SIGN

Date 10/11/2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/2003 - (954) 818-2619

FILED

03 NOV 13 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2040 (7/03)

P.O. Box 970109  
Coconut Creek, FL 33097

RE: PEREIRA CARPET, CORP

P02000027933

DEAR STATE DEPARTMENT,

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PLEASE WAIVE MY REINSTATEMENT FEE BECAUSE I DID NOT RECEIVE THE  
TWO PRIOR UNIFORM BUSINESS REPORT NOTICE. I HAVE CHANGED MY  
MAILING ADDRESS SO PLEASE TAKE NOTE OF IT AND CHANGE IT IN YOUR  
RECORDS. THANK YOU.

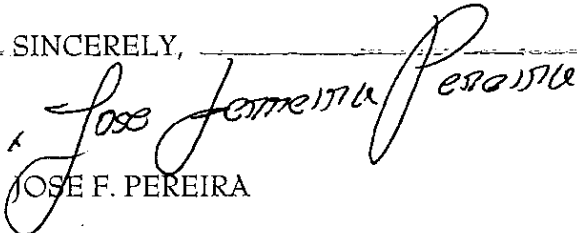
MY OLD ADDRESS:

6800 NW 39 AVENUE LOT 381  
COCONUT CREEK, FL 33073

MY NEW ADDRESS:

P.O. BOX 970109  
COCONUT CREEK, FL 33097

SINCERELY,

  
JOSE F. PEREIRA