

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 26 PM 4:50

DOCUMENT # P02000032933

1. Corporation Name

Professional Carpets and Installations, Inc.
200 Jacaranda Drive #B5
200 Jacaranda Dr.
200 Jacaranda Dr.

2. Principal Office Address

200 Jacaranda Dr.

Suite, Apt. #, etc.

#B5

City & State

Plantation, FL

Zip

33324

Country

US

3. Mailing Office Address

200 Jacaranda Dr.

Suite, Apt. #, etc.

#B5

City & State

Plantation, FL

Zip

33324

Country

US

REINSTATEMENT 03-04

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

5. FEI Number
04-3636453

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

Pierre R Renfer

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

200 Jacaranda Dr.

Suite, Apt. #, Etc.

#B5

City

Plantation

State

FL

Zip Code

33324

200039527182
07/26/04--01045--002 **30.00

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

Pierre R Renfer
REGISTERED AGENT MUST SIGN

Date 07/12/2004

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
DP	Pierre R Renfer	200 Jacaranda Drive #B5	Plantation, FL 33324

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:

Pierre R Renfer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/1/04

Daytime Phone #

954-682-2436

July 21, 2004

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327 314
Tallahassee, Florida 32304

Reference: Professional Carpets and Installations, Inc.
2003 and 2004 Corporation Profit Annual Report
Document Number: P02000032933

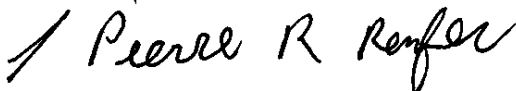
Taxpayer's Assistance:

We are filing our corporate annual report for the above referenced company, along with our check for \$300.00, as instructed to us, by the Department of State. We had originally called the DOS to report that we had not received our corporate annual report for the referenced periods.

We had recently moved and never received our annual report. Please file our report and activate

Thanking you in advance for your assistance.

Sincerely yours,
Pierre R. Renfer



Professional Carpets and Installations, Inc.
President