

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000116723

1. Corporation Name

SIGNATURE RUGS INC.

Principal Place of Business

29870 U.S. 19 NORTH
CLEARWATER FL 33761

Mailing Address

29870 U.S. 19 NORTH
CLEARWATER FL 33761

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2002

5. FEI Number

68-052-8786

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	SPARGIMINO, ANTHONY J	5432 DRINKARD DRIVE	NEW PORT RICHEY FL 34653

000024023290
10/22/03--01064--016 **150.00

10/20/03

8. Name and Address of Current Registered Agent

SPARGIMINO, ANTHONY J
5432 DRINKARD DRIVE
NEW PORT RICHEY FL 34653

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Anthony J. Spargimino
REGISTERED AGENT MUST SIGN

Date 10/20/03

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:

Anthony J. Spargimino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03

Daytime Phone #

(727)
7879490

CR2E040 (7/03)

10/26/63

To Whom it may concern:

This notice of administrative dissolution is the first and only mail I had received regarding the uniform business report. I was unaware of this yearly form & changing accountants has made all its filing requirements a little bit more confusing.

Upon calling your office last week I was told to go ahead & send in this notice with my explanation along with the \$150⁰⁰ and your office will keep the corporation active

Sincerely,

Anthony Spangino