

2004 FOR PROFIT CORPORATION REINSTATEMENT

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|--|---|---|---|---|--|
| DOCUMENT # P03000135798 1. Entity Name PORTER CARPETS, INC. | | | |  | |
| Principal Place of Business 2317 N CONGRESS AVE, APT #12 BOYNTON BEACH, FL 33426 | | | Mailing Address 2317 N CONGRESS AVE, APT #12 BOYNTON BEACH, FL 33426 | | |
| 2. Principal Place of Business 1015 West Central St. | | 3. Mailing Address 1015 West Central St. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Lantana FL 33462 | | City & State Lantana Florida | | | |
| Zip 33462 | | Country USA | | Zip 33462 | |
| Country USA | | Country USA | | | |
| 4. FEI Number | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent BITTIKER, PATRICIA A 2228 2ND WAY WEST PALM BEACH, FL 33407 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PORTER, CHARLES D 2317 N CONGRESS AVE, APT #12 BOYNTON BEACH, FL 33426 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1015 West Central Street, Lantana, FL 33462 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MCKENNA, SHANE B 12314 68TH ST N WEST PALM BEACH, FL 33412 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200045622682 01/31/05--01008--014 **300.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200045622682 01/31/05--01008--015 **8.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u></u> 1/19/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-05

JK

P9 2 82

Porter Carpets, Inc.
1015 West Central Street
Lantana, FL 33462

CHARLES D. PORTER, PRESIDENT

December 8, 2004

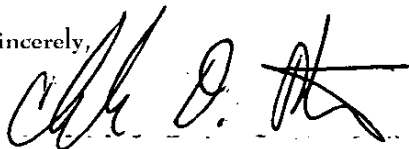
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: P03000135798

Dear Sirs;

It has come to my attention that the attached 2004 For Profit Corporation Annual Report was not filed on a timely basis for the above referenced corporation. The purpose of this letter is to request that the penalty for late filing be waived due to a change in our business address. we never received the renewal for the corporation. Our address should read as follows: Porter Carpets, Inc., 1015 West Central Street, Lantana, FL 33462. I attempted to download the renewal report from the internet, but was unable to do so. I am enclosing a check in the amount of \$150.00 for the annual filing fee. Please reinstate this corporation without penalty due to the change in address resulting in our untimely renewal, and update our address accordingly so that the report for 2005 can be paid and filed on a timely basis. I appreciate your prompt attention to this matter.

Sincerely,



Charles D. Porter
President
Porter Carpets, Inc.