

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
DIVISION OF CORPORATIONS  
04 NOV -3 PM 4:01

DOCUMENT # P03000148931

**1. Corporation Name**

MARIN'S CARPET, INC.

6311 RIDGE TERRACE  
SAME

REINSTATEMENT 04

**2. Principal Office Address**

6311 RIDGE TERRACE

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32810

Country

ORANGE

Zip

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 12/09/2003

**5. FEI Number**

589530049

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

589530049

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MARIN MADUENO

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

6311 RIDGE TERRACE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32810

**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

*[Signature]*

Date

10/20/04

REGISTERED AGENT MUST SIGN

**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
P	MARIN MADUENO	6311 RIDGE TERRACE	ORLANDO, FL 32810

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/04

Daytime Phone #

CR2ED01 (01/04)

2 of 2

October 15, 2004

To Whom It May Concern:

I DID NOT FILED MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; THUS, THE ADDRESS AND REGISTER AGENT WERE WRONG, I'M CHANGING THE ADDRESS. PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.

THANK YOU.



MARIN C MADUENO