

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 JUN 15 PM 2:57

DOCUMENT # P03000157583

1. Entity Name
AV CARPET INC.



Principal Place of Business
8540 BAY DRIVE
SPRING HILL, FL 34606 US

Mailing Address
8540 BAY DRIVE
SPRING HILL, FL 34606 US

REINSTATEMENT



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
10454 Utah St.

Suite, Apt. #, etc.
10454 Utah St.

City & State
Spring Hill

City & State
Spring Hill

Zip
34608

Country
USA

Zip
34608

Country
USA

05112006 REIN-P CR2E098 (11/05)

4. FEI Number
20-0516192

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOULO, ANTHONY
8540 BAY DRIVE
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

Name

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

10454 Utah St.

City Spring Hill

FL

Zip Code

34608

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

Anthony Voulo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-8-06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
P,D
VOULO, ANTHONY
STREET ADDRESS
8540 BAY DRIVE
CITY-ST-ZIP
SPRING HILL, FL 34606 ☐ Delete

TITLE
NAME
S,D
SCHRANK, BRYAN
STREET ADDRESS
10209 GARDENIA LANE
CITY-ST-ZIP
PORT RICHEY, FL 34668 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P.D.
Voulo, ANTHONY
STREET ADDRESS
10454 Utah St.
CITY-ST-ZIP
Spring Hill, FL 34608 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

68-06