

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 DEC -6 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO4 000013914

1. Corporation Name

TONYS CUSTOM CARPET AND FLOORING,
INC.

2. Principal Office Address

1414 NORTH N ST.
Suite, Apt. #, etc.

3. Mailing Office Address

1414 NORTH N ST.
Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

City & State

LAKE WORTH, FL.

Zip 33460 Country US

Zip 33460 Country US

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

1/29/04

5. FEI Number

03-0520471

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

ANTHONY IMPELLIZZER

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

1414 NORTH N. ST.

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

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

Anthony Impellizzer

REGISTERED AGENT MUST SIGN

Date 12/5/06

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
PRES.	ANTHONY IMPELLIZZER	1414 NORTH N. ST.	LAKE WORTH, FL 33460

900082468953
12/12/06--01030--019 **300.00

REINSTATEMENT

05-06

PSL

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 contained in Chapter 119, 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 Impellizzer ANTHONY IMPELLIZZER

Date

12/5/06 (561) 2954

Daytime Phone #

October 16, 2006

2072

Department of Corporations

RE: Tony's Custom Carpet & Flooring, Inc. , FOR WAIVER OF FEES. s-d.


To whom it may concern:

I am writing this letter to ask if you can waive the late fees for the annual reports for ~~2004~~ 2005, due to the hurricanes I was forced to leave the State and never received notices. I currently acquired work in Florida and need to reinstate my corporation.

Enclosed is the payment for the two years and the reinstatement fees.

Sincerely,

Tony's Custom Carpet, Inc.


Anthony V. Impellizzeri,

(561) ~~628~~ 628-2954