

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000015038

1. Corporation Name

D. NUNEZ CARPET INSTALLER, INC.

2. Principal Office Address - No P.O. Box #

2925 NW 58th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33142

Country

Miami Dade

3. Mailing Office Address

2925 NW 58th street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33142

Country

Miami Dade

7. Name and Address of Current Registered Agent

Name

Elias Nunez

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

2925 NW 58th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

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

Elias D. Nunez

REGISTERED AGENT MUST SIGN

Date 04-07-2010

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	Elias Nunez	2925 NW 58th Street	Miami, Florida 33142
VP	Karla J. Simon	2925 NW 58th Street	Miami, Florida 33142

10. E-mail Address: independent.tax@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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:

Elias D. Nunez Elias Nunez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-2010 7862105463

Date

Daytime Phone #

FILED

10 MAY 20 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500175821695
05/20/10--01028--003 **150.00

500175821695
04/14/10--01046--010 **300.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida 1-20-2004

5. FEI Number
20-0641970

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

5/20/20