

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000015223

1. Entity Name
TLC CARPETS, INC.



FILED

06 NOV 17 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT-06



Principal Place of Business
7507 EXTER WAY
TAMPA, FL 33615

Mailing Address
7507 EXTER WAY
TAMPA, FL 33615

2. Principal Place of Business
TLC Carpets Inc.

Suite, Apt. #, etc.
5702 Bridle Path Lane

City & State
Tampa, FL

Zip
33634

Country
U.S.

3. Mailing Address
Tomas Loperena

Suite, Apt. #, etc.
P.O. Box 260085

City & State
Tampa, FL

Zip
33685

Country
U.S.

4. FEI Number
54-2140523

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPERENA, TOMAS
7507 EXTER WAY
TAMPA, FL 33615

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Tomas Loperena

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

(NOTE: Registered Agent signature required when reinstating)

11-14-06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOPERENA, TOMAS
7507 EXTER WAY
TAMPA, FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900081985009
11/21/06--01036--005 **150.00

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

TITLE
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☐ Change ☐ Addition

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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:

Tomas Loperena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-06 (813) 493-9942

Date

Daytime Phone #