

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED

08 JAN 15 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000022637

### 1. Corporation Name

Carpet on the Roof, inc

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

1540 C.R. 315

Suite, Apt. #, etc.

### 3. Mailing Office Address

1540 Cr. 35

Suite, Apt. #, etc.

City &amp; State

Green Cove Springs, Green Cove Springs, FL

Zip \_\_\_\_\_

52043	US
-------	----

Country

US

Zip

32043	as
-------	----

Country\_

as

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

Name Scott H Bramer

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

50 CR 315

Suite, Apt. #, Etc.

City Green Cove Springs, FL

State  
**FL**

Zip Code  
2043

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

*Set from*

**REGISTERED AGENT MUST SIGN**

Date 1-15-08

**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
D	Scott Bramer	1540 CR 315	Green Cove Springs 32043
			500115854995 01/23/08--01006--013 **500.00
			500115854995 01/23/08--01006--014 **100.00

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:**

Scott Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08

Date \_\_\_\_\_

909-866-0670

Daytime Phone #

■ Mitchell IAN 12 2023