

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 JUL 13 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (1/07)

0507

**CORPORATION
REINSTATEMENT**

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

DOCUMENT # P04000047110
1. Corporation Name JORGE CARPETS INC

2. Principal Office Address - No P.O. Box # 5913 N. OLA AVE
Suite, Apt. #, etc.

3. Mailing Office Address 5913 N. OLA AVE
Suite, Apt. #, etc.

City & State TAMPA FLA
Zip 33604 Country USA

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Zip 33604 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/24/2004

5. FEI Number 20095815 ☐ 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 JORGE COIRA

Street Address (P.O. Box Number is Not Acceptable) 5913 N. OLA AVE
Suite, Apt. #, Etc.

City TAMPA State FL Zip Code 33604

☒ 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.

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 Jorge L. Coira Date 7/10/07
REGISTERED AGENT MUST SIGN

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
owner	Jorge Coira	5913 N. Ola Ave	Tampa, Fla, 33604

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07/13/07--01003--007 **450.00

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: Jorge L. Coira Date 7/10/07 Daytime Phone # 813 2380910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/07