


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

FILED
08 DEC -8 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000070185

1. Corporation Name

SENI CARPET INSTALLATION, CORP.

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

3900 NW 4TH CT.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK

City & State

Zip

33066

Country

Zip

Country

500138693215
12/08/08--01057--003 **300.00

REINSTATEMENT 07-08^{KS}

4. Date Incorporated or Qualified

To Do Business in Florida 04/29/2004

5. FEI Number

20-1060966

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

SENI MARCOS S.

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

3900 NW 4TH CT.

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

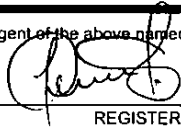
Zip Code

33066

☒ 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



REGISTERED AGENT MUST SIGN

Date

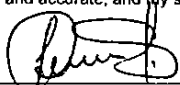
11/18/08

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
P	MARCOS S. SENI	3900 NW 4TH CT.	COCONUT CREEK, FL 33066
VP	CRISTIANO S. SENI	3900 NW 4TH CT.	COCONUT CREEK, FL 33066

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/08

Date

754 235 4276

Daytime Phone #