

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 SEP 25 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000084197

1. Corporation Name

HOSEIN CARPET INSTALLERS, INC.

2. Principal Office Address

1666 RIDGEMOORE DR

Suite, Apt. #, etc.

3. Mailing Office Address

1666 RIDGEMOORE DR

Suite, Apt. #, etc.

City & State

MASCOTTE FL

Zip 34753 Country

City & State

MASCOTTE FL

Zip 34753 Country

REINSTATEMENT 05-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-1175431

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

ABAS HOSEIN

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

1666 RIDGEMOORE DRIVE

Suite, Apt. #, Etc.

City

MASCOTTE

State  
FL

Zip Code

34753

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 9-22-06

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
VSD	ABAS HOSEIN	1666 RIDGEMOORE DR	MASCOTTE FL 34753
PTD	KARRAN HOSEIN	9625 FLA BOY RANCH RD	CLERMONT FL 34711
	<i>[Signature]</i>		

400080143974  
09/25/06--01099--008 \*\*300.00

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-06 407-455-4640

Date

Daytime Phone #



*Assured Accounting, Inc.*

*240 Mohawk Road  
Minneola, Florida 34715  
352-394-4048  
Fax 352-394-3272*

*119 W. Lemon Street  
Lady Lake, Florida 32159  
352-753-1337  
Fax 352-753-9336*

September 22, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

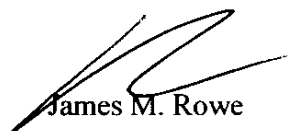
Re: Hosein Carpet Installers, Inc.  
FEIN: 20-1175431

Dear Sir or Madam:

Enclosed please find our Corporation Reinstatement Form together with a check in the amount of \$300.00 for the above referenced corporation which we have enclosed as instructed in our telephone conversation with your office this date.

Our clients did not receive any of the notices regarding the corporation and were not aware that they were delinquent. We appreciate your assistance in their reinstatement and have advised them to watch for the notice mailing in January of 2007. Thank you for your assistance in this matter.

Sincerely,



James M. Rowe

JMR/jr  
Enclosure: (2)

Cc: Hosein Carpet Installers, Inc.