

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 DEC -5 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000146294

1. Corporation Name

MONDRAGON'S CARPETING, INC

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

2203 W. COLLINS ST

Suite, Apt. #, etc.

204

City & State

Tampa FL

Zip

33607

Country

USA

3. Mailing Office Address

2203 W. COLLINS ST

Suite, Apt. #, etc.

204

City & State

Tampa, FL

Zip

33607

Country

USA

500138508185

12/05/08--01012--001 \*\*750.00

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/04

5. FEI Number

20-1799950

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 MONDRAGON

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

2203 W. COLLINS ST

Suite, Apt. #, Etc.

204

City

Tampa, FL

State

FL

Zip Code

33607

☒ 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 Mondragon  
REGISTERED AGENT MUST SIGN

Date

12/2/08

**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	Jorge Mondragon	2203 W. COLLINS ST APT 204 TAMPA FL 33607	TAMPA FL 33607
		RR	
REINSTATEMENT			

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 Mondragon Jorge Mondragon 12/2/08 813-9174977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #