

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAR 18 PM 1:18

DOCUMENT # P05000137128

1. Corporation Name

ABREGO'S CARPET INCORPORATED

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

5325 MAUI LN

Suite, Apt. #, etc.

3. Mailing Office Address

5325 MAUI LN

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32812

Country

US

Zip

32812

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/06/2008

5. FEI Number

20-3592554

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

JUAN D ABREGO

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

5325 MAUI LN

Suite, Apt. #, Etc.

City

ORLANDO FL

State

FL

Zip Code

32812

☒ 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 \*

Date

3-11-10

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
P	JUAN D ABREGO	5325 MAUI LN	ORLANDO, FL 32812
VP	JAIME ABREGO	5325 MAUI LN	ORLANDO, FL 32812
S	JUAN ABREGO	55307 WENDALEES CT	ORLANDO, FL 32812
S	ANDRES MEDRANO	5307 WENDALEES CT	ORLANDO, FL 32812

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JB 3/11/10

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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

Juan D Abrego

Date

3-11-10 4077226575

Daytime Phone #