

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06000046982**

1. Corporation Name **ADVANTA CARPET INC**
4872 Susanna Woods Ct
Jax, FL 32257

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

4872 Susanna Woods Ct

Suite, Apt. #, etc.

City & State

Jax FL

Zip

32257

Country

Duval

3. Mailing Office Address

4872 Susanna Woods Ct

Suite, Apt. #, etc.

City & State

Jax, FL

Zip

32257

Country

Duval

7. Name and Address of Current Registered Agent

Name

Steve Daragjati

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

4872 Susanna Woods Ct

Suite, Apt. #, Etc.

City

Jax

State

FL

Zip Code

32257

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 **12-08-08**

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	Steve Daragjati	4872 Susanna Woods Ct Jax FL 32257	
S	Leonara Daragjati	4872 Susanna Woods Ct Jax, FL 32257	

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

12-8-08

Date

(904) 343-1590

Daytime Phone #

FILED

08 DEC 11 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000138954870
12/11/08--01020--007 **300.00

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-4630396

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.