

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000076542

1. Entity Name  
MORA'S CARPET, INC.



FILED

08 OCT -9 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
259 CANIS DRIVE WEST  
ORANGE PARK, FL 32073

Mailing Address  
259 CANIS DRIVE WEST  
ORANGE PARK, FL 32073

*[Handwritten signature]*



REINSTATEMENT 2008

2. Principal Place of Business - No P.O. Box #  
5515 118th St. lot 122  
Suite, Apt. #, etc.

3. Mailing Address  
5515 118th St lot 122  
Suite, Apt. #, etc.

City & State  
Jacksonville FL  
Zip 32244 Country US

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Jacksonville FL  
Zip 32244 Country US

4. FEI Number  
20-5004058  
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORA, ANDRES  
259 CANIS DRIVE WEST  
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name Mora, Andres  
Street Address (P.O. Box Number is Not Acceptable) 5515 118th St.  
lot 122  
City Jacksonville FL Zip Code 32244

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Handwritten signature: Andres Mora]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORA, ANDRES	
STREET ADDRESS	259 CANIS DRIVE WEST	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, ANDRES	
STREET ADDRESS	5515 118th St. lot 122	
CITY-ST-ZIP	Jacksonville FL. 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten signature: Andres Mora]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #