

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

09 AUG 14 PM 12:56

DOCUMENT # P060000149906

1. Corporation Name

A1 CARPET INSTALLATION INC.

2. Principal Office Address - No P.O. Box #  
1660 NE 48 CT

Suite, Apt. #, etc.

City & State

POMPANO BEACH

Zip

33064

Country

USA

3. Mailing Office Address

855 CRYSTAL LAKE DR

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

900159015409  
07/29/09--01037--002 \*\*300.00

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 12/04/2006

5. FEI Number  
208007207

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

Tax House Corporation (Breno R. Gomes)

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

1100 S. Federal Hwy

Suite, Apt. #, Etc.

City

Deerfield Bch.

State

FL

Zip Code

33441

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

X

REGISTERED AGENT MUST SIGN

Date 7/24/09

**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
* DP	Celso F. Nascimento	855 Crystal Lake Dr	Pompano Bch FL 33064

REINSTATEMENT

08-04

B 8/17/09

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

07/24/2009

Date

954-5735349

Daytime Phone #