P17000076173

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17000076173

1. Corporation Name

MR. CARPET INC.

300362590313
03/22/21--01002--003 **1200.00

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4807 SW 129th AVE	4807 SW 129th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33175 County:	Zip: 33175 County:

4. Date Incorporated or Qualified To Do Business in Florida: 09/20/2017

5. FEI Number: [x] 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: EDUARDO RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable): 4807 SW 129th AVE
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code:

FILED
2021 MAR 22 A 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Eduardo Rodriguez Date: 03/15/2021
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EDUARDO RODRIGUEZ	4807 SW 129th AVE	MIAMI, FL 33175

REVOKED
MAR 23 2021

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Eduardo Rodriguez 03/15/2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SCAN CONTROL BATCH COVER SHEET

EXAMINER: Y. Sutker

DATE: 3/23

SCANNER & DATE SCANNED:

_____

BATCH 1 (reinstatement)

REJECTS _____

TOTAL 1