

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra M. Graham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014681

1. Corporation Name

ORIENTAL RUG CARE INC.

Principal Place of Business

Mailing Address

2600 HAMMONDVILLE ROAD
SUITE 9
POMPANO BEACH FL 33069
US

← 8591 NW 24TH PL
← SUNRISE FL 33315
← US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2600 HAMMONDVILLE ROAD
9
POMPANO BEACH
FL 33069

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1994

5. FEI Number

65-0469826

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	COVA, DAVID	David A Cova & Joelly Velazquez 1784 NW 93rd Ter Coral Springs, FL 33071-6019	SUNRISE FL 33315
S	VELAZQUEZ, JOELLY		NRISE FL

7000002770857--0
-02/10/99--01003--004
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COVA, DAVID
2600 HAMMONDVILLE ROAD
SUITE 9
POMPANO BEACH FL 33069

Name

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

Suite, Apt. #, Etc

City

State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

1/27/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/99

CR2E040 (9/98)



Oriental Rug Care, Inc.

Professional services of old and new hand woven rugs

~~3075 NW 20 Street, Coral Gables, FL 33134 (305) 486-0073 Fax 486-8240~~

1/27/97

Department of State

Division of Corporation

P.O. Box 6327

Tallahassee, FL 32314

ORIENTAL RUG CARE, INC.

2600 Hammondville Road, # 9

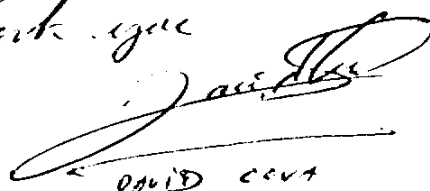
Pompano Beach, FL-33069

Please note the new address above
for document # P94000014681.

Dear Sirs,

I did not receive notice for the 1998 corporation
annual report. I'm including a check for \$300
for the 1998 and 1999 annual report, could
you please waive the late fees.

Thank you


DAVID CARR