

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000045118

1. Corporation Name

CARPET MILL CONNECTION, INC.

Principal Place of Business

351 NORTH US 1  
WAK HILL FL 32759

Mailing Address

841 W ARIEL ROAD  
EDGEWATER FL 32141

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/13/1994

5. FEI Number

59-3270549

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	LINDHOLM, WILLIAM O JR.	843 WEST ARIEL RD	EDGEWATER FL 32141
VP	SULLIVAN, JIM	40 BOLONGO BAY	ST. THOMAS, UVI
S	KROMIS, GABI	718 RICH DR	OVIEDO FL 32752

800023749008  
10/13/03--01058--017 \*\*150.00

8. Name and Address of Current Registered Agent

LINDHOLM, WILLIAM O JR.  
843 W. ARIEL RD.  
EDGEWATER FL 32141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*William O. Lindholm*  
REGISTERED AGENT MUST SIGN

Date

11. 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:

*William O. Lindholm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 OCT 13 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

CR2E040 (7/03)



841 W. Ariel Rd., Edgewater, FL 32141  
Phone (386) 345-0961 Fax (386) 345-4798

October 10<sup>th</sup>, 2003

Florida Department of State  
Attn: Glenda Hood, Secretary Of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P94000045118

Dear Whom It May Concern,

We are in receipt of your notice stating that our Company has not filed it's 2003 corporation annual business report. We were not notified before this mailing and request that the reinstatement fee be waived. Enclosed is the application for reinstatement as well as a check to pay the UBR filing fee.

Should you have any further questions, please feel free to contact our office at anytime. Thank you for your cooperation.

  
William O. Lindholm