## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9500030019

1. Corporation Name

ORIENTAL RUGS INC

Principal Place of Business	Mailing Address

2340 PERIWINKLE WAY ----

SUITE-J9-SANIBEL-ISLAND-FL 33957 3511 BONITA BAY BLVD BONITA SPRINGS FL 34134

3511 BONITA BAY BLUT, BONITA SPRINGS, FL 34/34 PENSTATENENTOI-

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

3. Suite April 4 and 4 an

511 BONITA	BAY BLUT.	
uite, Apt. #, etc.	$\supset$	Suite, Apt. #, etc.
tv & State		City & State

4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number

65-0593455

FILED

02-AUG -5 PM 2: 55

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

Not Applicable

Applied For

04/18/1995

\$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director CAPTIVA FL 33924 **PST** Perkinson, diana a 5657 BALTUSROL COURT UNIT 2-B SAN: BEL, FL 33957 300007115953--4 -08/14/02--01077--010 \*\*\*\*900.00 \*\*\*\*900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

- <del>ratliff, robert l III</del>	
-2340 PERIWINKLE-WAY	
<del>-SUITE J3</del>	

SANIBEL ISLAND FL 33957

DAVID L

Street Address (P.O. Box Number is Not Acceptable)
3511 Bowi Fa Bay

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.

Registered Agent

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.

239-992-2223

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR