

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000041564**

1. Corporation Name

CARPET COLORS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~2313 S.E. OCEAN BLVD.~~
STUART FL 34996

~~2313 S.E. OCEAN BLVD.~~
STUART FL 34996



REINSTATEMENT 02

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3319241

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) 1	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	GRANT, DAVID R	2313 S.E. OCEAN BLVD.	STUART FL 34996

12/2/02

800009618498
12/20/02 81059 004 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRANT, DAVID R

~~2313 S.E. OCEAN BOULEVARD~~
STUART FL 34996

Name

DAVID R. GRANT

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

2419 South Dixie Hwy

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34996

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

David R. Grant

SIGNATURE REQUIRED

Date

12/2/02

REGISTERED AGENT MUST SIGN

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:

David R. Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/02 772-220-6755
Date

Daytime Phone #