

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 OCT 29 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** *98*

DOCUMENT # P95000054739

1. Corporation Name

CERTIFIED CARPET SALES AND SERVICE, INC.

Principal Place of Business

Mailing Address

1280 N.E. Jensen Beach Blvd.  
Jensen Beach, FL 34957

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

7/11/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3357165

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S	KATHI MAY	1280 N.E. Jensen Beach Blvd.	Jensen Beach, FL 34957
VP/T	PHIL MAY	1280 N.E. Jensen Beach Blvd.	Jensen Beach, FL 34957
			800002687188--1 -11/13/98-01066-004 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Kathi May  
2080 N.E. Jensen Beach Blvd.  
Jensen Beach, FL 34957

Name

SAME

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

800002687188--1

Suite, Apt. #, Etc.

11/13/98-01066-005

City

\*\*\*\*\*8.75

\*\*\*\*\*8.75

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

*Kathleen May*

REGISTERED AGENT MUST SIGN

Date 10/27/98

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:

*Kathleen May*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/27/98*

Date

561-334-4156

Daytime Phone #

CR2000 (1/98)