

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -5 AM 11:24

DOCUMENT #

89150000 63752

1. Corporation Name

Carpets by Five-Four South
Inc.

000132236760
11/24/08--01062-012 \$900.00

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

3947 S. US 1

Suite, Apt. #, etc.

3. Mailing Office Address

3947 S. US 1

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

Zip

34982

Country

Saint Lucie

Zip

34982

Country

Saint Lucie

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0605174

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tina Pfeiffer

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

2411 wilderness Dr.

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34982

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-21-08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	John A Pfeiffer	2411 wilderness Dr.	Fort Pierce, FL 34982
Sec.	Tina Pfeiffer	2411 wilderness Dr.	Fort Pierce, FL 34982

10. 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 contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-21-08 772-577-1027