

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUN 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064513

1. Corporation Name

ARTISTIC CARPETING, INC.

2. Principal Office Address

422 S. KINGSBURY BLVD.
DELAND, FL. 32720

3. Mailing Office Address

422 S. KINGSBURY BLVD.
DELAND, FL. 32720

City & State

DELAND, FL.

Zip

32720

Country

USA

City & State

DELAND, FL.

Zip

32720

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

AUG. 18, 1995

5. FEI Number

650605175

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

CHRISTOPHER BOONE

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

422 S. KINGSBURY BLVD.

Suite, Apt. #, Etc.

N/A

City

DELAND

State

FL

Zip Code

32720

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

Chris Boone

REGISTERED AGENT MUST SIGN

Date

June 27, 2001

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	CHRIS BOONE	422 S. KINGSBURY BLVD.	DELAND, FLA. 32720

00-01 USE

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 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: X

Chris Boone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 27, 2001 (904) 740-9589

Daytime Phone #

CR2E081 (9/00)