


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 JAN 28 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 196000004197  
1. Corporation Name  
J.D. Carpetmaster INC.

2. Principal Office Address 2812 Kink Rd Suite, Apt. #, etc.		3. Mailing Office Address 2812 Kink Rd Suite, Apt. #, etc.	
City & State Lake worth, FL		City & State Lake worth, FL	
Zip 33461	Country USA	Zip 33461	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11-26-96

5. FEI Number 65-0634525 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$2.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Donald Brophy  
Street Address (P.O. Box Number is Not Acceptable) 2812 Kink Rd  
Suite, Apt. #, Etc.  
City Lake worth  
State FL Zip Code 33461

300004910903--3  
-02/12/02--11011--028  
\*\*\*923.75 \*\*\*923.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0500, F.S.

Signature of Registered Agent Donald Brophy Date 1-12-02  
REGISTERED AGENT MUST SIGN

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
Pres	Don Brophy	2812 Kink Rd	Lake worth FL 33461

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)(f), 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: Donald Brophy Date 12-15-01 561-649-9680  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CORPORATION

202

J & D CARPETMASTER INC  
2812 KIRK RD  
LAKEWORTH, FL 33461  
561-649-9650

12-15-07

ATT. Division of corporations FL.

Please find enclosed a corporation Rein statement Form for J & D Carpetmaster Inc, and a check for the amount of \$973.75, including \$8.75 for a status certificate.

I had filed this corporation my self without the use of an attorney and assumed there was only a one time fee. I had also moved and did not receive any notices.

Please excuse this oversight. Since I have now been made aware that there are yearly fees I will comply promptly

Sincerely,  
Don Brophy  
J & D carpetmaster  
2812 Kirk Rd  
Lakeworth, FL.  
33411