

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		98-99AR DOCUMENT # P96000022636 Corporation Name Sphinx Carpet Mills Inc	
Principal Place of Business 13187 SW 10 TERR DR MIAMI FL 33184		Mailing Address 	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 14221 SW 140 ST Suite, Apt. #, etc. BAY A City & State MIAMI FL Zip 33186		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 3/13/96		5. FEI Number 65-0649347	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S/D	JOSE MARTINEZ	13187 SW 10 TERR DRIVE	MIAMI FL 33184
T/D	LILIANA MARTINEZ	13187 SW 10 TERR DRIVE	MIAMI FL 33184
		B 9/12/99 98-99AR 600002882916--0 -05/21/99-01105-010 ****300.00 ****300.00	
8. Name and Address of Current Registered Agent JOSE MARTINEZ 13187 SW 10 TERR DRIVE MIAMI FL 331		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
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 REGISTERED AGENT MUST SIGN		Date 4/27/99	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/27/99 Daytime Phone # 305-234-6566	

50 MAY -7 PM 6:35

TALLAHASSEE, FLORIDA

April 27, 1999

Sphinx Carpet Mills, Inc
14221 SW 140 St. Bay A
Miami, FL 33186

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Division of Corporations
Att: Certification Reinstatement
PO BOX 6327
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed you will find a check for \$300.00 for the reinstatement of Sphinx Carpet Mills, Inc, Document # P96000022636. This payment is for the 1998 and 1999 annual report. The reason in which I did not pay this fee the prior year is because I did not receive the annual report renewal form in the mail and failed to receive one this year also. Please verify our mailing address on your records to clear any discrepancies. Your cooperation in accepting this as a full payment without any other additional costs will be greatly appreciated. Thank you for your time and attention concerning this matter.

Sincerely,


Jose M. Martinez