

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

P96000051382

DOCUMENT #

1. Corporation Name
Carpet Colors of Palm City, Inc.

2. Principal Office Address
2419 SE Dixie Highway

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Stuart, FL

City & State

34996

Zip

USA

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-08444091

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

6/19/96

FILED

02 MAR -8 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500005169265--0
-03/26/02--01045--013
****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name

David Grant

10851 S. Ocean Blvd

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

Suite, Apt. #, Etc.

Jensen Beach

City

State
FL

Zip Code

34957

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

Date

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	Names of Officers and/or Directors	Street Address	City, State, Zip
Pres	David R. Grant	10851 S Ocean Blvd	Jensen Beach FL 34957

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/02 561-220-6753

CR2E081 (9/00)

Attachment
#P96000051382

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Carpet Colors of Palm City, Inc
2419 SE Dixie Hwy.
Stuart, FL 34996

Phone: 561-220-6755

Fax: 561-220-1294

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Annual Report
Document # P96000051382

To Whom It May Concern:

Upon checking our files, we have discovered that our annual report was never filed due to not receiving the notice. We would like to pay the fee for the annual report but would appreciate your indulgence to be excused from the penalty. Please take this under advisement and contact us as to your decision.

We have enclosed our check # 8837 in the amount of \$150.00. If you have any questions, please feel free to contact us at the telephone number printed in our letter head.

Thank you,

David R. Grant