

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -5 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000077331**

1. Corporation Name

Carpet Barn of Tampa Inc

REINSTATEMENT

2. Principal Office Address

8534 N. Nebraska Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33604

Country

Hillsborough

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-17-96

5. FEI Number

59-3404473

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

Valerie Hozaly

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

6819 Lamm St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

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

Valerie Hozaly

Date **9-26-03**

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
all P.D.T.	Valerie Hozaly	6819 Lamm St	Tampa FL 33624

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:

Valerie Hozaly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-03 813 933-2374

Date

Daytime Phone #

CR2E081 (10/02)

B



813-933-2334

Florida Department of State
Division of Corporation Reinstatements

P.O. Box 6327
Tallahassee, FL 32314

Re: Carpet Barn of Tampa, Inc.

Application for reinstatement and request for
consideration of abatement of reinstatement
fee.

Enclosed please find an application for
reinstatement for Carpet Barn of Tampa, Inc.
document, number P96000077331, along with a check
in the amount of \$750.00 which represents payment
of 1999-2003 Corporate annual fees, with this
letter I am respectfully requesting consideration
of abatement of the \$600.00 reinstatement fee and as
grounds, state the following.

1. to the best of my knowledge and belief, I
never received any notice from your office for
the filing of the 1999-2003 Corporate annual report
further, I never received the follow up notice of
your department's administrative dissolution
of the Corporation.