

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000099208

1. Corporation Name

VIVA CARPETS, INC.

Principal Place of Business

Mailing Address

~~7845 CAMINO REAL SUITE 0-105~~
~~MIAMI FL 33143~~

~~7845 CAMINO REAL SUITE 0-105~~
~~MIAMI FL 33143~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

VIVA CARPETS INC

Suite, Apt. #, etc.

1538 ADON RD

1538 ADON RD

City & State

City & State

MIAMI BEACH

MIAMI BEACH

Zip

Country

Zip

Country

33139

FLA

33139

FLA

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1996

5. FEI Number

65-0721791

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	SHINBAUM, LARRY	7845 CAMINO REAL, SUITE 0-105	MIAMI FL 33143
D	SHINBAUM, LARRY	7845 CAMINO REAL, SUITE 0-105	MIAMI FL 33143

REINSTATEMENT

11/19/98
400002699984-3
-12/02/98--01032--016
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HICKEY, HAROLD V

~~890 S DIXIE HWY~~

~~CORAL GABLES FL 33146~~

Name

Harold V. Hickey

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

1570 Madruga Ave, #209

Suite, Apt. #, Etc.

Suite 209

City

Coral Gables

State

FL

Zip Code

33146

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

HAROLD V. HICKEY
REGISTERED AGENT MUST SIGN

Date

11/12/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(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
HAROLD V. HICKEY

11/12/98
Date

(305)532-0017
Daytime Phone #

CR2E040 (9/98)