

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN -4 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000099208**

1. Corporation Name

VIVA CARPETS, INC.

Principal Place of Business

~~VIA CARPETS INC.~~
1538 ALTON RD.
MIAMI BEACH FL 33139

Mailing Address

~~VIA CARPETS INC.~~
1538 ALTON RD.
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

~~VIVA CARPETS, INC.~~
Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

~~VIVA CARPETS, INC.~~
Suite, Apt. #, etc.

City & State

Zip Country

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	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
			300003099483--1 -01/14/00--01088--001 *****750.00 *****750.00
			300003099483--1 -01/14/00--01088--002 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

HICKEY, HAROLD V
1570 MADRUGA AVE., #209
STE. 209
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Dec. 30, 1999

11. 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 REQUIRED
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/99

Daytime Phone #

305-532-0017

KE

CR2E040 (8/99)