

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007
FILED
2007 OCT 29 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000023064

1. Corporation Name

Cobra Carpet, Inc.

400112029894
11/06/07--01013--024 **300.00

2. Principal Office Address - No P.O. Box #

1421 South Ocean Blvd

Suite, Apt. #, etc.

#118

City & State

Pompano Beach, FL

Zip

33062

Country

USA

3. Mailing Office Address

1421 South Ocean Blvd

Suite, Apt. #, etc.

#118

City & State

Pompano Beach, FL

Zip

33062

Country

USA

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

3-17-1997

5. FEI Number

65-0740972

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

Malcolm R Brooks

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

1421 South Ocean Blvd

Suite, Apt. #, Etc.

#118

City

Pompano Beach

State

FL

Zip Code

33062

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Malcolm Brooks

REGISTERED AGENT MUST SIGN

Date 10-12-07

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
P	Malcolm Brooks	1421 South Ocean Blvd	Pompano Beach, FL 33062
VP	Barbara Brooks	1421 South Ocean Blvd	Pompano Beach, FL 33062

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 contained in Chapter 119, 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:

Malcolm Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-07

Daytime Phone #

954-336-0904

10/31/07