

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000090308

1. Corporation Name

COMMERCIAL FLOORCOVERING SPECIALIST, INC.

Principal Place of Business

1610 NEWPORT LANE
FORT LAUDERDALE FL 33326

Mailing Address

1610 NEWPORT LANE
FORT LAUDERDALE FL 33326

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1997

5. FEI Number

65-0802009

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
D	DEMERITT, FRED	1610 NEWPORT LANE	FORT LAUDERDALE FL 33326
VPD	SANTABARBARA, JOSE	1610 NEWPORT LANE	FORT LAUDERDALE FL 33326
VPD	RAYMOND De Meritt	1610 Newport Lane	Weston, FL 33326

000003496370--2
-12/12/00--01019--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

LEYTE-VIDAL, HENRY ESO
2223 CORAL WAY
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name Fred De Meritt
Street Address (P.O. Box Number is Not Acceptable)
1610 Newport Lane
Suite, Apt. #, Etc.
City Weston State FL Zip Code 33326

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

Fred De Meritt
REGISTERED AGENT MUST SIGN

Date 11-13-00

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:

Fred De Meritt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/00 786 236-4799

Daytime Phone #

KE

CR2E040 (8/00)