

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

DOCUMENT # P97000100651

1. Corporation Name

CARPETS OF PINELLAS, INC.

Principal Place of Business

Mailing Address

1750 MISSOURI AVENUE
LARGO FL 33770

1750 MISSOURI AVENUE
LARGO FL 33770

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

2. New Principal Office Address, If Applicable

1750 MISSOURI

3. New Mailing Office Address, If Applicable

1750 MISSOURI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/24/1997

5. FEI Number

59-3479452

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	MAKIN, EDWARD L	1750 MISSOURI AVENUE	LARGO FL 33770
D	MAKIN, LORETTA	1750 MISSOURI AVENUE	LARGO FL 33770

100008635621

10/28/02--01114--010 **150.00

Dr. M. L.

8. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K
2310 WEST BAY DRIVE
LARGO FL

9. Name and Address of New Registered Agent

Name

EDWARD L. MAKIN

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

1750 MISSOURI AVE

Suite, Apt. #, Etc.

LARGO FL 33770

City

LARGO FL

State
FL

Zip Code
33770

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 727 586 1997

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727 586 1997

CR2040 (8-02)

CARPETS OF PINELLAS INC.
1750 Missouri Ave.
Largo Fl 33770

Oct 25th 2002

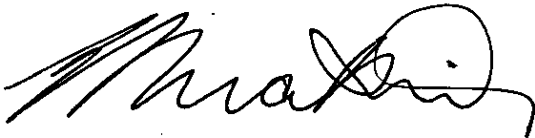
Dear Sir,

I cannot find any trace of having received the prior notice that you refer to in your form.

I notice that the address you have is not quite correct and I wonder if this may be the reason for non receipt, however I did receive this time.

Enclosed is the completed return and fee. Since the Registered agent did not advise me that this return was due I have decided to dispense with his services and I will serve as the registered agent myself.

I enclose the company check for \$150.

A handwritten signature in black ink, appearing to read 'Ed. L. Makin', with a stylized, cursive script.

Ed. L Makin.