

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV -1 PM 4:32

DOCUMENT # P98000028074

1. Corporation Name

CARPETS & MORE OF OVIEDO, INC.

Principal Place of Business

1759 W. BROADWAY STREET  
OVIEDO FL 32765

Mailing Address

1759 W. BROADWAY STREET  
OVIEDO FL 32765



REINSTATEMENT 01

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. 8085  
SUITE 113 Red Bay Rd.  
City & State OVIEDO, FL  
Zip 32765 Country Seminole

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 8085  
SUITE 113 Red Bay Rd.  
City & State OVIEDO, FL  
Zip 32765 Country Seminole

4. Date Incorporated or Qualified  
To Do Business in Florida

03/24/1998

5. FEI Number

59-3500738

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BULLOCK, PAUL	1759 W BROADWAY ST SUITE 113 Red Bay Rd.	OVIEDO FL 32765
V	ARTHUR, THOMAS	1759 W BROADWAY ST SUITE 113 Red Bay Rd.	OVIEDO FL 32765
			200004698382--9 -11/29/01--01053--001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BULLOCK, PAUL T  
1028 ANTELOPE TRAIL  
WINTER SPRINGS FL 32708

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

REGISTERED AGENT MUST SIGN

Date 10/25/01

AD

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/01 407-977-3353

Daytime Phone #

CR2E040 (8/01)