

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000038021

1. Corporation Name

AVAKIAN'S ORIENTAL RUGS, INC.

Principal Place of Business

5540 PGA BLVD  
SUITE 100  
PALM BEACH GARDENS FL 33418  
US

Mailing Address

5540 PGA BLVD  
SUITE 100  
PALM BEACH GARDENS FL 33418  
US

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

2. New Principal Office Address, If Applicable

11257 US HIGHWAY 1  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11257 US HIGHWAY 1  
Suite, Apt. #, etc.

City & State

NORTH PALM BEACH FL

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

U.S.

Zip

33408

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/1998

5. FEI Number

65-0884883

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
PD	AVAKIAN, PAUL	5540 PGA BLVD	PALM BEACH GARDENS FL 33418

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AVAKIAN, PAUL K  
1 KINTYRE ROAD  
PALM BEACH GARDENS FL 33418

Name

PAUL AVAKIAN

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

261 Barbados DR.

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

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

*Paul K. Avakian*  
REGISTERED AGENT MUST SIGN

Date

2-25-04

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:

*Paul K. Avakian*

PAUL K. AVAKIAN

2-25-04

561-626-6855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 MAR -3 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT 07-04

CR2040 (7/03)

THE MOST TR...  
...  
... IN ORIENTAL RUGS SINCE 1978

February 25, 2004

To Whom It May Concern,

It has come to my attention that our corporation has been administratively dissolved. We have moved and did not receive the renewal notice for some unexplained reason. Please waive to penalty fee. We are enclosing a check for \$300.00 to cover both 2003 and 2004 as well as our change of address in the form.

Thank you very much for your assistance in this matter.

Very truly yours,



Paul K. Avakian, President  
Avakian's Oriental Rugs, Inc.