

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

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DOCUMENT # **S56881**

1. Corporation Name  
**COMMERCIAL CONCEPTS CONTRACT CARPETS, INC.**

Principal Place of Business 5602 W. LINEBAUGH AVE TAMPA FL 33614 US	Mailing Address 5602 W. LINEBAUGH AVE TAMPA FL 33614 US
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**REINSTATEMENT**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/28/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3073396	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DP	OSTRANDER, MARIA	5602 W. LINEBAUGH	TAMPA FL 33624
DS	OSTRANDER, ISABEL	5602 W. LINBAUGH	TAMPA FL 33624
✓	Ostrander, Thomas Sr.	5809 Lady Bug Ct	Tampa, FL 33625
✗	Ostrander, Elena	5809 Lady Bug Ct	Tampa, FL 33625
			600003493336--0 -12/11/00--01037-019 ****758.75 ****758.75

8. Name and Address of Current Registered Agent OSTRANDER, THOMAS 4420 N MALE AVE. TAMPA FL 33614		9. Name and Address of New Registered Agent Name: Ostrander Thomas Sr. Street Address (P.O. Box Number is Not Acceptable): 5809 Lady Bug Court Suite, Apt. #, Etc. City: Tampa State: FL Zip Code: 33625	
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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: [Signature] Date: October 19, 2000  
 REGISTERED AGENT MUST SIGN

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] Date: 10-19-2000 Daytime Phone #: 813269-9600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)