

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

Mailing Address

5602 W. LINEBAUGH AVE  
TAMPA FL 33614  
US

5602 W. LINEBAUGH AVE  
TAMPA FL 33614  
US

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

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

05/28/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3073396

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
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

9. Name and Address of New Registered Agent

OSTRANDER, THOMAS  
4420 N. HALE AVE.  
TAMPA FL 33614

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

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 REQUIRED

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-2000 813269-9600

Date

Daytime Phone #