

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



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

FILED

02 MAY 28 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 556881

1. Corporation Name

Commercial Concepts Contract  
Carpets, Inc.

2. Principal Office Address

Ave

5602 W. Linebaugh

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33624

Country

Hillsborough

3. Mailing Office Address

5602 W. Linebaugh Ave

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33624

Country

Hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida

5/28/1991

5. FEI Number

593073396

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Thomas Ostrander Sr.

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

5602 W. Linebaugh Ave

Suite, Apt. #, Etc.

B

City

Tampa

State  
FL

Zip Code

33624

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/24/2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Elena Ostrander	5602 W. Linebaugh Ave	Tampa, FL 33624
U	Tom Ostrander	5602 W. Linebaugh Ave	Tampa FL 33624
S	Maria Ostrander	5602 W. Linebaugh Ave	Tampa FL 33624
M	Isabel Ostrander	5602 W. Linebaugh Ave	Tampa, FL 33624

10. 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

Maria Ostrander

5/24/2002 269-8600

Date

Daytime Phone #

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## COMMERCIAL CONCEPTS

CONTRACT CARPETS, INC.

5602 W. LINEBAUGH AVE

TAMPA, FL 33624

(813) 269-8600

Florida Department of State  
Division of Corporations  
Tallahassee, FL 32314

Attention: Sean Toner

Due to non-receipt of pre-printed (UBR) forms our corporation was dissolved as of 2001.  
Enclosed is a re-instatement form along with the proper fees due.

Cordially,

Maria Ostrander (Sec.tr)