

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 26 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S84941

1. Corporation Name

The Carpet Company II, Inc

Principal Place of Business

Mailing Address

8286 Waterway Creek St
Jacksonville FL 32256

440 West Grant Street, Orlando, FL 32806

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

2. New Principal Office Address, if Applicable

6349 N. Orange Blossom

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B250

Trail

City & State

City & State

Orlando, FL

Zip

32810

Country

Orange

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/3/91

5. FEI Number

59-3171802

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LARRY W. HALL JR	9026 Ron Den Lane	Windermere FL 34786
V	ARTHUR C. GRAULICH	5665 Olde Kings Ct	St Cloud FL 34772
ST	MARIE T. HALL	9026 Ron Den Lane	Windermere FL 34786

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Frank Finkbeiner
105 EAST ROBINSON ST
Ste 301
Orlando FL 32801

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

Frank Finkbeiner

REGISTERED AGENT MUST SIGN

Date

1/20/98

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

Frank Finkbeiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/98
Date

407-293-3332
Daytime Phone #