

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S87309**

1. Corporation Name

CARPET SQUARE, INC.

Principal Place of Business

12291 N.W. 20 COURT
PLANTATION FL 33323

Mailing Address

12291 N.W. 20 COURT
PLANTATION FL 33323

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1991

5. FEI Number

65-0291449

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
P	SCHAFER, BRIAN K	12291 NW 20 CT	PLANTATION FL
VP	SCHAFER, KAREN L	12291 NW 20 CT	PLANTATION FL

300024925333
11/21/03--01045--005 **150.00

8. Name and Address of Current Registered Agent

SCHAFER, BRIAN K.
12291 N.W. 20TH COURT
PLANTATION FL 33323

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Brian K. Schaffer, agent
REGISTERED AGENT MUST SIGN

Date 10/19/03

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:

Brian K. Schaffer, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/03 954-584-3953

Daytime Phone #

CR2E040 (7/03)

Carpet Square, Inc

6741 W. Sunrise Blvd, #9

Plantation, FL 33313

954-584-3953

November 13, 2003

To who it may concern,

We did not receive the two(?) prior uniform business report notices. I have completed the application for reinstatement and enclosed our check for \$150.00. Please waive the penalty for being late.

Sincerely,

Brian H. Schafer, Pres.

Brian Schafer, President