

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 APR 17 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V06951**

1. Corporation Name **Classic Carpet @ Floor Covering INC)**

Principal Place of Business Mailing Address

**2430 Willow Ave.
Sanford Fl, 32771** **Same**

REINSTATEMENT 90-97

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 1-15-1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3109334	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Dwayne Ruby	2430 Willow Ave,	Sanford Fl, 32771

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04/22/97 01041 003
****915.00 ****915.00

JB 4-17-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Dwayne Ruby	Name	
	Street Address (P.O. Box Number is Not Acceptable) 2430 Willow Ave,	
	Suite, Apt. #, Etc Sanford Fl, 32771	
	City	State Zip Code FL

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 <i>Dwayne Ruby</i>	Date <i>April 8-99</i>
REGISTERED AGENT MUST SIGN	

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: <i>Dwayne Ruby</i>	Date <i>April 8 99</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

CR20040 (12/96)