

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING FORM

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

1996 NOV -4 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V08054

1. Corporation Name

CRAFTMASTER CARPET, INC.

Principal Place of Business

632 TIVOLI TRACE
102
DEERFIELD BEACH FL 33441
US

Mailing Address

632 TIVOLI TRACE
102
DEERFIELD BEACH FL 33441
US

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

01/22/1992

5. FEI Number

65-0396533

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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	MADAMA, BENJAMIN R.	632 TIVOLI TRACE CIR. #102	DEERFIELD BEACH FL 33441
S	MADAMA, PAMELA C.	632 TIVOLI TRACE CIR. #102	DEERFIELD BEACH FL 33441

900002001019--6
-11/08/96--01111--005
***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

MADAMA, BENJAMIN R.
632 TIVOLI TRACE CIRCLE
APT. 102
DEERFIELD BEACH FL 33441

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.

Signature of
Registered Agent

Benjamin R. Madama
SIGNED AND SEALED
REGISTERED AGENT MUST SIGN

Date

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

Benjamin R. Madama
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
9/20/96 954-421-5338
Date Daytime Phone #

CR2040 (7/95)