

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
02 FEB -6 PM 4:35

DOCUMENT # V11710

1. Corporation Name

CREATIVE FLOORING OF CHARLOTTE COUNTY, INC.  
DBA ABBEY CARPET OF PORT CHARLOTTE, FL

2. Principal Office Address

983 TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

983 TAMiami TRAIL

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

Zip

33953

Country

CHARLOTTE

Zip

33953

Country

CHARLOTTE

100004912701--1  
-02/13/02--01006--008  
\*\*\*\*915.00 \*\*\*\*915.00

4. Date Incorporated or Qualified  
To Do Business in Florida

FEB. 05, 1992

5. FEI Number

65-0346952

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRENT A. FARROW

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

6146 DAVID BLVD

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33981

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

*Brent A. Farrow*

Date

1-31-02

REGISTERED AGENT MUST SIGN

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/D	BRENT A. FARROW	6146 DAVID BLVD	PORT CHARLOTTE, FL 33981
V/D	KAREN J. FARROW	6146 DAVID BLVD	PORT CHARLOTTE, FL 33981

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:

*Karen J. Farrow* KAREN J. FARROW

Date

1-31-02 941-255-1161

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)