

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V42717

1. Corporation Name

Carpet Design of Central Florida

2. Principal Office Address - No P.O. Box #

530 Lake Kathryn Circle

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

Zip
32707

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3131 470

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
Royce E. Jackson

Street Address (P.O. Box Number is Not Acceptable)
530 Lake Kathryn Circle

Suite, Apt. #, Etc.

City
Casselberry, FL

State
FL

Zip Code
32707

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Royce E. Jackson
REGISTERED AGENT MUST SIGN

Date **2-13-07**

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	Royce E. Jackson	530 Lake Kathryn Circle	Casselberry, FL 32707
VP	Kathleen B. Jackson	530 Lake Kathryn Circle	Casselberry, FL 32707

B 2/24/07

REINSTATEMENT 04-07

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 contained in Chapter 119, 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:

Royce E. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-07 321-356-6893

Date

Daytime Phone #

FILED
2007 FEB 19 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400089718854
03/01/07--01002--010 **600.00

CR2E081 (1/07)