

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 APR -2 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000033864

1. Corporation Name

ALLSTATE CARPET INSTALLATION, INC.

2. Principal Office Address

2747 WOODRUFF DR

Suite, Apt. #, etc.

3. Mailing Office Address

2747 WOODRUFF DR

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32837

Country

Orange

Zip

32837

Country

ORANGE

4. Date Incorporated or Qualified

To Do Business in Florida 03/30/2001

5. FEI Number

59-3711224

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

LEONARDO E RUIZ

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

2747 WOODRUFF DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

600030964546  
03/24/04--01014--016 \*\*908.75

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

LEONARDO E RUIZ

REGISTERED AGENT MUST SIGN

Date 03/18/2004

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
Pres.	RUIZ, LEONARDO E	2747 WOODRUFF DR	ORLANDO, FL 32837

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:

LEONARDO E RUIZ LEONARDO E RUIZ

03/18/2004

321-239-2027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)