

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV -5 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO6000111432

1. Corporation Name

Prudy Carpet and Flooring INC.

REINSTATEMENT 07-08

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

65 West 6st.

3. Mailing Office Address

65 West 6st.

Suite, Apt. #, etc.

Apt # 2

Suite, Apt. #, etc.

Apt # 2

City & State

Hiialeah, Florida

City & State

Hiialeah, Florida

Zip

33010

Country

U.S.

Zip

33010

Country

U.S.

800137670928
11/05/08--01032--012 **900.00
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/06

5. FEI Number

20-5417075

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

Rodolfo Salgado

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

65 West 6st.

Suite, Apt. #, Etc.

Apt # 2

City

Hiialeah.

State

FL

Zip Code

33010

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/03/08.

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. | <u>Rodolfo Salgado</u> | <u>65 w 6th. st. Apt #2</u> | <u>Hiialeah, FL. 33010.</u> |
| S. | <u>Jose Calero</u> | <u>65 w 6th. st. Apt #2</u> | <u>Hiialeah, FL. 33010.</u> |
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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:

Rodolfo Salgado - [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/03/08

Daytime Phone #

(305) 310-0850

22-11/6