2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000062061

JOHNSON, CHARLOTTE

9962 BUCKPOINT ROAD

TALLAHASSEE, FL 32312

Name:

Address:

City-St-Zip:

Entity Name: APARTMENT OWNERS' BEST CARPETS, INC.

FILED Oct 08, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	APITAL CIRC ASSEE, FL 32				
Current Mailing Address:			New Mailing Address:		
	APITAL CIRC ASSEE, FL 32				
FEI Numbe	r: 59-3396783	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
	MARK S 「VIRGINIA ST ASSEE, FL 32				
	e named entit te of Florida.	y submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	JRE: MARK I	_EVINE			
Electronic Signature of Registered Agent			ent	Date	
		193(2)(b), F.S., the corporation did ning Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	JOHNSON, J 9962 BUCKP	POINT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MADDOX, KA 1920 FARMS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:			Title:		
Name: Address: City-St-Zip:	MADDOX, DA 1920 FARMS TALLAHASSE		niue. Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KATHY MADDOX S 10/08/2007