

FEB-27-2002 WED 03:00 PM NCR

FAX NO. 2125646997

P. 02

Feb-25-02 05:09pm From-

T-058 P.02/05 F-319

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F 97000004228

1. Corporation Name

Corey Rug, Inc.

2. Principal Office Address

11 Grace Avenue

Suite, Apt. #, etc.

Suite 100

City & State

Great Neck, New York

Zip

11021

Country

U.S.A.

3. Mailing Office Address

11 Grace Avenue

Suite, Apt. #, etc.

Suite 100

City & State

Great Neck, New York

Zip

11021

Country

U.S.A.

4. Date incorporated or Qualified
To Do Business in Florida

August 12, 1997

5. FBI Number

13 2695891

Applied For

NM Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

National Corporate Research, Ltd., Inc.

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

1406 Baya Street

Suite, Apt. #, etc.

Suite 2

City

Tallahassee

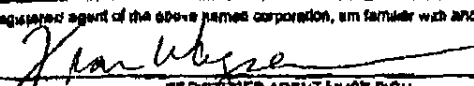
State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0505, F.S.

Signature of
Registered Agent


Date 2/27/02

REGISTERED AGENT MUST SIGN

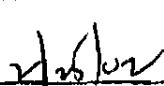
9. Names and Street Addresses of Each Officer and/or Director (Please nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	Irwin Corey	11 Grace Avenue, Suite 100	Great Neck, New York 11021
Dir.	Andrea Corey	Same As Above	Same As Above
Pres.	Irwin Corey	Same As Above	Same As Above
V.P.	Kyle Corey	Same As Above	Same As Above
Sec.	Kyle Corey	Same As Above	Same As Above
V.P.	Andrea Corey	Same As Above	Same As Above
Treas.	Andrea Corey	Same As Above	Same As Above

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., that all fees owed by this corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date

Daytime Phone #

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 27 PM 3:26

REINSTATEMENT 00-02

10/1/02