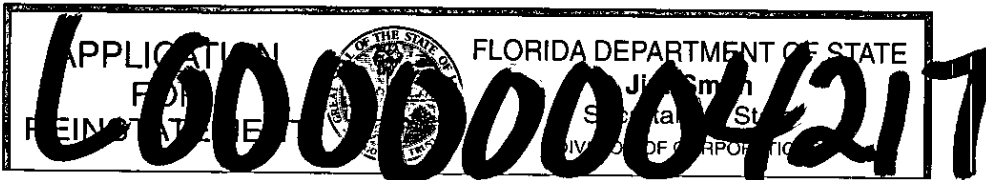


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 OCT 30 AM 10:03

1. DOCUMENT # L00000004217

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004704 01 FP 0.352 **PRST T4 0 0615 33480-429540



GEOFFREY A. ORLEY AND SHABAHANG PERSIAN CARPETS, L.L.C.
240 SOUTH COUNTY ROAD
PALM BEACH FL 33480-4295



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 240 SOUTH COUNTY ROAD PALM BEACH FL 33480		5. Date Organized or Qualified To Do Business in Florida 04/12/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0999332	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS STREET SUITE 400 WEST PALM BEACH FL 33401-0000		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name: GEOFFREY A. ORLEY AND SHABAHANG PERSIAN CARPETS Street Address (P.O. Box Number is Not Acceptable): 240 SOUTH COUNTY RD. City: PALM BEACH FL Zip Code: 33480	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: [Signature] ZSOLT ENZOL Date: 10-24-02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	SHABAHANG, ARASH	3801 S. FLAGLER DR. #1008	WEST PALM BEACH FL 33405
VP	ORLEY, GEOFFREY A	5841 WING LAKE RD.	BLOOMFIELD HILLS MI 48301
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [Signature] Date: 10-24-02 Daytime Phone #: (561) 655-3371 Typed or printed name of signing Managing Member/Manager: GEOFFREY A. ORLEY			

CR2E084 (8/02)