

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L97000000016

Name and Mailing Address

2002 DEC 31 AM 8:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0004851 01 FP 0.352 **PRSR T5 0 0615 33607-491240



CASTLE CARPET, L.C.
1340 NORTH CLEARVIEW AVENUE
TAMPA FL 33607-4912



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address Principal Place of Business 1340 NORTH CLEARVIEW AVENUE TAMPA FL 33607 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/24/1996	
6. FEI Number 59-3435414		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent COX, LARRY 1340 N. CLEARVIEW AVE. TAMPA FL 33607		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900008749249 12/31/02--01005--017 **150.00 City FL Zip Code	
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 <i>Larry Cox</i> REGISTERED AGENT MUST SIGN Date <i>12-20-02</i>			
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
MGRM	CASTLE FLOOR COVERING, INC.	1340 NORTH CLEARVIEW AVENUE	TAMPA FL 33607

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 *Larry Cox* Date *12-20-02* Daytime Phone # *813-877-1823*

Typed or printed name of signing Managing Member/Manager

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CR2E084 (8/02)

REINSTATEMENT 2002