

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000116196

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** CARPET & RUG CREATIONS, INC.

**Current Principal Place of Business:**

35 WALTER MARTIN ROAD NE  
FT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2527  
FORT WALTON BCH, FL 32549

**New Mailing Address:**

**FEI Number:** 59-3688374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POOLE, MELBA J P  
35 WALTER MARTIN ROAD NE  
FT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MELBA J POOLE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** POOLE, MELBA J PRES  
**Address:** PO BOX 2527  
**City-St-Zip:** FT WALTON BEACH, FL 325492527 US

**Title:** DV  
**Name:** POOLE, JACKIE R VP  
**Address:** PO BOX 2527  
**City-St-Zip:** FT WALTON BEACH, FL 325492527 US

**Title:** DV  
**Name:** JORDON, JENNIFER L VP  
**Address:** 7919 49TH AVE E  
**City-St-Zip:** BRADENTON, FL 342037472 US

I hereby 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 all other like empowered.

**SIGNATURE:** MELBA J POOLE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/19/2012

\_\_\_\_\_  
Date