


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P01000017555					
<b>1. Corporation Name</b> LIBERTY CARPET CORP					
<b>2. Principal Office Address</b> 11667 NW 7 Avenue			<b>3. Mailing Office Address</b> 11667 NW 7 Avenue		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami Florida			City & State Miami Florida		
Zip 33168	Country U.S.A.	Zip 33168	Country U.S.A.	<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
				<b>5. FEI Number</b> 65-1077520	
				Applied For Not Applicable	
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	
				<b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

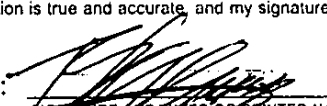
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<b>7. Name and Address of Current Registered Agent</b>		
Name VILLANUEVA, REINALDO		
Street Address (P.O. Box Number is Not Acceptable) 11667 NW 7 Avenue		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33168

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<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>	
Signature of Registered Agent	Date 8/16/2005
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	VILLANUEVA, REINALDO	11667 NW 7 Avenue	Miami Florida 33168

<b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, 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 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.</b>	
SIGNATURE: 	8/16/2005 (305) 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #