2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 JAN 19 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000062095

1. Entity Name
IMPERIAL CARPET INC.

REINSTATEMENT 06-07

Principal Place of Business	Mailing Address
2713 ASRORARD MELBOURNE, FL 32935	1402 ALBERT DR MELBOURNE, FL 32935
2713 Aurora rd	2713 Aurora rd

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, Fl	City & State: Melbourne, Fl
Zip: 32935 Country: Brevard	Zip: 32935 Country: Brevard

4. FEI Number: 65-1128853 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEMAN, TIMOTHY
2830 CARIBBEAN ISLE APT 313
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name: Tim Roseman
Street Address (P.O. Box Number is Not Acceptable): 1764 Orange Manor Drive
City: Melbourne FL Zip Code: 32935

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

400082911024
01/25/07--01009--007 **158.75

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROSEMAN, TIMOTHY 2830 CARIBBEAN ISLE APT 313 MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tim Roseman 1764 Orange Manor Drive Melbourne, Fl. 32935	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSEMAN, GLENN 1292 VALLEYBROOK RD PALM BAY, FL 32909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400082911024 01/02/07--01052--014 **750.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1/22	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/01/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #