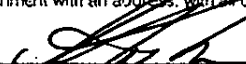


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000062095			
1. Entity Name IMPERIAL CARPET INC.		FILED 07 JAN 19 PM 4:11 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2713 ASRORARD MELBOURNE, FL 32935 2713 Aurora rd		Mailing Address 1402 ALBERT DR MELBOURNE, FL 32935 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		Zip 32935	
Country Brevard		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 understand, the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and fee 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 ☒ Change ☐ Addition 1764 Orange Manor Drive Melbourne, FL 32935
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
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
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: 		Date: 01/21/06 Examine Photo ☐	