

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000105734		
1. Entity Name EAGLE CARPET RESTORATION, INC.		

Principal Place of Business 1650 N.E. 115TH STREET P.H. #3 MIAMI, FL 33181	Mailing Address 3389 SHERIDAN STREET #186 HOLLYWOOD, FL 33021
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2. Principal Place of Business - No P.O. Box # 14300 S.W. 16th ST Suite, Apt. #, etc. DAVIE City & State FLORIDA Zip 33325	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country U.S.A.
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6. Name and Address of Current Registered Agent WAGNER, ELAINE D 14300 SW 16TH STREET DAVIE, FL 33325		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 E. D. Wagner (NOTE: Registered Agent signature required when reinstating) DATE 2-9-07

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER, ELAINE D 1050 N.E. 115TH STREET P.H. 3 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600088462006 02/16/07--01003--027 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAGNER, RAYMOND J 1650 N.E. 115TH STREET PH3 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$72/13
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: E. D. Wagner SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 2-9-07 Daytime Phone #

FILED
07 FEB 12 PM 12:57
TALLAHASSEE, FLORIDA

02092 REINSTATEMENT 06-07