2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000039008

1. Entity Name
WEST COAST FLOORING CARPET & TILE INC.

FILED
05 APR 20 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

Principal Place of Business	Mailing Address
6683 GULF TO LAKE HWY CRYSTAL RIVER, FL 34429	6683 GULF TO LAKE HWY CRYSTAL RIVER, FL 34429

04062005 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt # etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2631554 — Applied For / Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WECKESSER, RITA 10 N MELBOURNE STREET BEVERLY HILLS, FL 34465	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Rita Weckesser — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/18/05

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD CLESTER, RANDY 475 LITTLEJOHN AVENUE INVERNESS, FL 34450	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400054682324 05/17/05--01057--010 **308.75	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD SCARANGELLO, ALLISON 475 LITTLEJOHN AVENUE INVERNESS, FL 34450	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Change [ ] Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Randy W Clester — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/14/05 — Daytime Phone # 1-352-860-1540