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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2005 JUL 29 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100058335261
08/09/05--01053--006 **150.00


4/28/04 90274 001 150-00

REINSTATEMENT 04-05

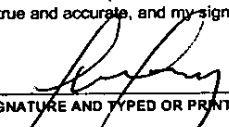
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 103000084582			
1. Corporation Name Vene Carpet, Inc.			
2. Principal Office Address 8275 NW 191st LN. Suite, Apt. #, etc.		3. Mailing Office Address 8275 NW 191st LN. Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami, FL	
Zip 33015	Country United States	Zip 33015	Country United States

4. Date Incorporated or Qualified To Do Business in Florida Aug 04, 2003	
5. FEI Number 86-1075871	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Jose Carrero	
Street Address (P.O. Box Number is Not Acceptable) 8275 NW 191st LN.	
Suite, Apt. #, Etc.	
City Miami, FL	State FL
	Zip Code 33015

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.	
Signature of Registered Agent 	Date 7-25-05
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jose Carrero	8275 NW 191st LN	Miami, FL 33015

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.	
SIGNATURE: 	Date 7-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 305-431-2063	

CR2E081 (01/05)

8/4/05

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JULY 18,2005

FLORIDA DEPARTMENT OF STATE
ATTN: ANNUAL REPORT SECTION

REF: P03000084582
TAX ID: 86-075871

PLEASE BE AWARE THAT WE DID NOT RECEIVE ANY NOTIFICATION OF REJECTION FOR OUR UNIFORM BUSINESS REPORT FOR THE YEAR 2004. WHEN WE WENT TO RENEW FOR THE YEAR 2005 WAS WHEN WE WHERE NOTIFIED OF THE DISSOLUTION. YOU HAVE OUR \$150.00 FOR 2004. WE ARE SENDING THE CORRECTED UBR AND A CHECK FOR \$150.00 FOR 2005. PLEASE REVIEW.

THANK YOU,



PRESIDENT