

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

1082

FILED

05 JUN 28 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000112939
1. Entity Name
CARPETS WITH LOVE, INC.

Principal Place of Business
101 POQUITO ROAD UNIT A
SHALIMAR, FL 32579

Mailing Address
101 POQUITO ROAD UNIT A
SHALIMAR, FL 32579

2. Principal Place of Business
413 WATERWAY LN
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
FT WALTON BEACH

City & State

Zip
32547

Country
OKG.

Zip

Country



REINSTATEMENT

CR2E098 (6/04)

04-05

6. Name and Address of Current Registered Agent
VAUGHN, RAY
101 POQUITO ROAD UNIT A
SHALIMAR, FL 32579

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

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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FRANK SADB PRES 413 WATERWAY LN PT WALTON BEACH 32547 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FRED CASTLE VICE #2 DENTON FT WALTON BEACH 32547 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TOOD WETZGER SBL PRAIRYGROUND INN 156 PT WALTON BEACH FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400057346254 07/12/05--01033--012 **300.00 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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: Frank Sade _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUNE 28 1905
2012

F FRANK SADE

2004

DID NOT RECIEVED

My ANNUAL REPORT FOR 2004
CARPETS WITH LOVE..

Frank Saale