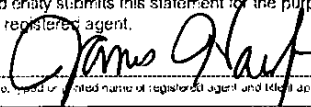


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 APR -1 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000129390					
1. Entity Name I.C.A. CARPET INSTALL, INC					
Principal Place of Business POST OFFICE BOX 171 SEVILLE, FL 32190			Mailing Address POST OFFICE BOX 171 SEVILLE, FL 32190		
2. Principal Place of Business		3. Mailing Address 219 Gardenia Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Georgetown, FL		4. FEI Number 90-0121852	
Zip	Country	Zip 32139	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARBAJAL, ISAI 615 GUMBY COURT CRESCENT CITY, FL 32112			7. Name and Address of New Registered Agent Name: JAMES A. HAENFLER Street Address (P.O. Box Number is Not Acceptable): 20 N. Summit St City: CRESCENT CITY FL 32112		
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: 		JAMES A. HAENFLER		3-30-5	
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	P CARBAJAL, ISAI 615 GUMBY COURT CRESCENT CITY, FL 32112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	219 GARDENIA AVE. Georgetown, FL 32139	☐ 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	700050693347 04/14/05--01010--001 **300.00	☐ 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 exemption stated in Section 119.07(3)(c), 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: 		3-30-5		386-467-8740	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

REINSTATEMENT 04-05

