2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000129390

1. Entity Name
I.C.A. CARPET INSTALL, INC

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

Principal Place of Business	Mailing Address
POST OFFICE BOX 171 SEVILLE, FL 32190	POST OFFICE BOX 171 SEVILLE, FL 32190

REINSTATEMENT 04-05

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	219 Gardenia Ave Suite, Apt. #, etc.
City & State	City & State: Georgetown, FL
Zip / Country	Zip: 32139 / Country

4. FEI Number: 90-0121852 ☐ Applied For ☐ Not Applicable

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 Zip Code: 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 JAMES A. HAENFLER 3-30-5
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Change ☐ Addition 219 Gardenia Ave. Georgetown, FL 32139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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: Isai Carbajal 3-30-5 386-467-8740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #