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

REINSTATEMENT 04-05

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

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	7. Name and Address of New Registered Agent
CARBAJAL, ISAI 615 GUMBY COURT CRESCENT CITY, FL 32112	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 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700050693347 04/14/05--01010--001 **300.00
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)(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 #