2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000133082

1. Entity Name
EMMANUEL'S CARPET INSTALLATION, INC.

Principal Place of Business	Mailing Address
718 WEST NEW YORK AVENUE DELAND, FL 32720	POST OFFICE BOX 853 PIERSON, FL 32180

03282006   REIN-P   CR2E098 (11/05) 05-06

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4. FEI Number** 20-0470153	Applied For / Not Applicable
Zip / Country	Zip / Country	**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**
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name: Felimon Castaneda Street Address (P.O. Box Number is Not Acceptable): 386 Heritage Estates Lane City: Deland FL Zip Code: 32720

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 _Felimon Castaneda_   3-29-06

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 PTD NAME CASTANEDA, FELIMON STREET ADDRESS 718 WEST NEW YORK AVENUE CITY-ST-ZIP DELAND, FL 32720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 04-27-05 90276 043 $150.00	☐ Change ☐ Addition
TITLE S NAME CARBAJAL, LILIANA I STREET ADDRESS 718 WEST NEW YORK AVENUE CITY-ST-ZIP DELAND, FL 32720	☐ Delete	TITLE NAME STREET ADDRESS 6000704646366 CITY-ST-ZIP 04/14/05--0105--017 **150.00	☐ 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 4/10 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 exemptions contained in Chapter 119, 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: _Felimon Castaneda_   3-29-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #