2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000138789

1. Entity Name
KORA CARPETS, INC.

Principal Place of Business	Mailing Address
~~10408 ROGER HAMLIN ROAD~~ ~~TALLAHASSEE, FL 32311~~ *11232 OLD WOODVILLE RD*	~~10408 ROGER HAMLIN ROAD~~ ~~TALLAHASSEE, FL 32311~~
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State *TALL FL*	City & State
Zip *32305* Country *US*	Zip Country

4. FEI Number
52-2416426
☐ 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
MOORE, TIFFANY 10408 ROGER HAMLIN ROAD TALLAHASSEE, FL 32311	Name *KENNETH MOORE* Street Address (P.O. Box Number is Not Acceptable) *11232 OLD WOODVILLE RD.* City *TALLAHASSEE* FL Zip Code *32305*

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 _(signature)_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)
10-31-05
DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $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 P NAME MOORE, TIFFANY STREET ADDRESS 10408 ROGER HAMLIN ROAD CITY-ST-ZIP TALLAHASSEE, FL 32311	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME MOORE, KENNETH STREET ADDRESS 11232 OLD WOODVILLE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32305	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

K. Baker OCT 3 1 2005

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: _(signature)_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
10-31-05
Date   Daytime Phone #