

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000145441

FILED
Apr 17, 2005
Secretary of State

Entity Name: CARPET REPAIR AND FLOOR TECHNICIANS, INC.

Current Principal Place of Business:

505 NELSON POINT ROAD
NICEVILLE, FL 32578

New Principal Place of Business:

333 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS, FL 3243

Current Mailing Address:

505 NELSON POINT ROAD
NICEVILLE, FL 32578

New Mailing Address:

333 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS, FL 32433

FEI Number: 52-2416837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARBIN, JAMES M
505 NELSON POINT ROAD
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

HARBIN, JAMES M
333 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS, FL 32433 US

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.

SIGNATURE: JAMES M. HARBIN

04/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARBIN, SANDRA T
Address: 505 NELSON POINT ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: ST () Delete
Name: HARBIN, JAMES M
Address: 505 NELSON POINT ROAD
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARBIN, SANDRA T
Address: 333 HIDDEN LAKES TRAIL
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: ST (X) Change () Addition
Name: HARBIN, JAMES M
Address: 333 HIDDEN LAKES TRAIL
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. HARBIN

ST

04/17/2005

Electronic Signature of Signing Officer or Director

Date