



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000147032 1. Entity Name CUSTOM CARPET & TILE, INC				FILED 05 MAY 26 PM 3:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1070 OLD WOODVILLE HWY WOODVILLE, FL 32310 US <i>1723 Reo Top Circle</i>		Mailing Address P.O. BOX 1579 TALLAHASSEE, FL 32362 US		 REINSTATEMENT 04-05 05262005 REIN-P CR2E098 (6/04)	
2. Principal Place of Business Suite, Apt., etc. <i>WOODVILLE FLA</i>		3. Mailing Address <i>SAME</i>			
City & State <i>WOODVILLE FLA</i>		City & State <i>WOODVILLE FLA</i>			
Zip <i>32305</i>		Country <i>LEON</i>			
4. FEI Number <i>20-0461860</i>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name <i>Richard Lee MCKALE JR</i> Street Address (P.O. Box Number is Not Acceptable) <i>1723 Reo Top Circle</i> City <i>WOODVILLE FLA</i> FL <i>32305</i>			
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 <i>Richard L MCKALE JR</i> (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	PRES MCKALE, RICHARD L JR. 1070 OLD WOODVILLE HWY WOODVILLE, FL 32310	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	400055979074 06/09/05--01061--006 ***300.00		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Richard L MCKALE JR</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #