

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
2006 OCT 12 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000149581			
1. Entity Name RIVA'S CARPET, INC.			
Principal Place of Business 11581 CHAPMAN AVE. BONITA SPRINGS, FL 34135 US		Mailing Address 11581 CHAPMAN AVE. BONITA SPRINGS, FL 34135 US	
2. Principal Place of Business		3. Mailing Address 19028 Tangerine Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Myers, FL		City & State	
Zip 33912		Country Lee	
4. FEI Number 20-0473949		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVAS-AYALA, FABRICIO 11581 CHAPMAN AVE. BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name: Fabricio Antonio Rivas Ayala Street Address (P.O. Box Number is Not Acceptable): 19028 Tangerine Rd City: Ft. Myers FL Zip Code: 33912	
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: 		DATE: 10/06/06	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 NAME STREET ADDRESS CITY-ST-ZIP	P RIVAS-AYALA, FABRICIO 11581 CHAPMAN AVE. BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800080787608 10/12/06--01068--038 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVAS-AYALA, JOSE 11581 CHAPMAN AVE. BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800080787608 10/12/06--01068--039 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P 10/10/06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date: Daytime Phone: *	