


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAY 11 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000151731		
1. Entity Name: HIGHLIFE CARPET INSTALLATION, INC.		

Principal Place of Business 4940 E. BUSCH BLVD TAMPA, FL 33617	Mailing Address 4940 E. BUSCH BLVD TAMPA, FL 33617
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2. Principal Place of Business 5550 Terrace Ct Suite, Apt. #, etc. Apt #4 City & State Tampa, FL Zip 33617 Country USA	3. Mailing Address 5550 Terrace Ct Suite, Apt. #, etc. Apt #4 City & State Tampa, FL Zip 33617 Country USA
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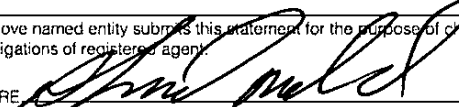


REINSTATEMENT 04-05
04292005 REIN-P CR2E088 (8/04)

4. FEI Number 20-0487168	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 MOHAMAD, AHMAD 5550 TERRACE COURT TEMPLE TERRACE, FL 33617	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

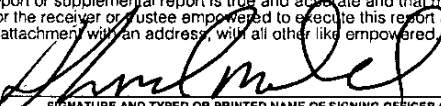
SIGNATURE  DATE 5/4/2005

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MOHAMAD, AHMAD 5550 TERRACE COURT TEMPLE TERRACE, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/26/04 90468 042 \$150.00 <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	600054859606 05/19/05--01056--004 **150.00 <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
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	8/5/14 <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

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:  DATE 5/4/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Highlife Carpet Installation, Inc
5550 Terrace Ct Apt #4
Tampa, FL 33617
May 7, 2005

Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

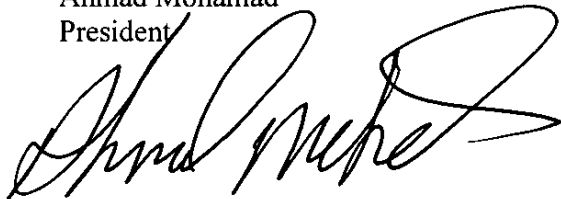
Reference: 20-0487168

Dear Divisions of Corporations:

I am writing to request reinstatement of my corporation and the fee waived for the annual report 2004. I did not receive the notification letter you sent May 3, 2004 .

Thank you for looking into this matter promptly.

Ahmad Mohamad
President

A handwritten signature in black ink, appearing to read 'Ahmad Mohamad', written in a cursive style.