

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000158127

1. Entity Name
DANIEL CARPET INC.



FILED

06 MAR 17 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5928 ITHACA CIRCLE W.
LAKE WORTH, FL 33463

Mailing Address
5928 ITHACA CIRCLE W.
LAKE WORTH, FL 33463

2. Principal Place of Business

722 SE Camelot Way
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.



03172006 REIN-P CR2E098 (11/05)

City & State
Lee, FL 32059

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, DANIEL
5928 ITHACA CIRCLE W.
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent

Name DANIEL GARCIA ALBA

Street Address (P.O. Box Number is Not Acceptable)
722 SE Camelot Way

Lee, FL 32059

City Lee, FL 32059 FL Zip Code 32059

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

Daniel Garcia

17-3-06

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE DP
NAME GARCIA, DANIEL
STREET ADDRESS 5928 ITHACA CIRCLE W.
CITY-ST-ZIP LAKE WORTH, FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 722 SE Camelot Way ☒ Change ☐ Addition
NAME
STREET ADDRESS Lee, FL, 32059
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17-3-06

Date

Daytime Phone #

WILLIAMS MAR 17 2006