2005 FOR PROFIT CORPORATION REINSTATEMENT

NATURE AND TYPE

DOCUMENT # P0400001152 FILED KINGS CARPET AND REPAIR INC. 05 APR 14 AM 9: 47 SEUTETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 11630 BAYWOOD MEADOWS DR 11630 BAYWOOD MEADOWS DR NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34654 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 20-0575 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEEHAN, JOHN J Street Address (P.O. Box Number is Not Acceptable) 11630 BAYWOOD MEADOWS DR NEW PORT RICHEY, FL 34654 City Zip Code 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. Signature, typed or printed frame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300,00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME SHEEHAN, JOHN J NAME 400052075154 04/26/05--01017--007 ***30 STREET ADDRESS 11630 BAYWOOD MEADOWS DR STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654 **300.00 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHIT-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empoyers in Spreport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with a filing filing impowered. SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR