PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE &

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	RPORATION STATEMENT	S	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		FILED NOV -1 PH 4: 27	
DOCUMENT # P0400008452 1. corporation Name Dunning Carpet Installation Inc.				SE TAL	CRETAK D. STATE LAHASSEE, FLORIDA	
2. Principal Office Address 4634 Catalonia Way 5. 46 Suite, Apt. #, etc. Suite,			ffice Address Cataloma Way 5. etc.		CR2E081 (12/05)	
City & State 51. Po	etersburg Fla 712 county USA	City & State 51. Per Zip 33	ctersburg Fla.	5. FEI Numbe	590145	Applied For Not Applicable Iditional Fee required sertificate of Status
		7. N	ame and Address of Current Registe	red Agent		
	Name Chris Dunning Street Address (P.O. Box Number is Not Acceptable) H634 Catalonia Way Suite, Apt. #, Etc.					
	citist Petersburg	<u>,</u>			State Zip Code FL 33712	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 10/30/06 REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zi	p
P	Chris Dunning		4634 Catalonia L	Nay S.	ST Retersburn	Fla.337 2
S	Jennifer D. Di	nning	4634 Catalona W	ay S.	St. Petershing	g Flg.337.2
	P EST?	WY ST	THE DE O	<u>Y 11781</u>	1008141772 26-003-08	2 <u>0</u> ≆308. 75
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the pames of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my significant sets are legal effect as if made under oath.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR C (727)773-5622 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date						

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DUNNINGS CARPET INSTALLATION INC 4634 Catalonia Way So St.Petersburg FL 33712

To Whom It May Concern,

October 30,2006

I am writing this letter to request a waiver for the reinstatement fee.I had moved and did not receive my annual report notice. We moved to this new address listed above on 1-23-04.I hope you can grant this request and I will file my annual report from now on.

Thank you,

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Chris Dunning