


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000008661		
1. Entity Name H.L. CARPET FLOORING, INC.		

FILED

07 NOV -7 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 22940 S R 19 HOWEY IN THE HILLS, FL 34737	Mailing Address 22940 S R 19 HOWEY IN THE HILLS, FL 34737
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REINSTATEMENT
10252007 REIN-P CR2E098(1/07)

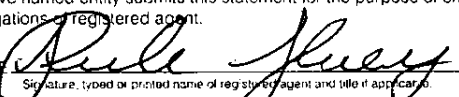
2. Principal Place of Business - No P.O. Box # 22940 State RD 19 Suite, Apt. #, etc.	3. Mailing Address 22940 State RD 19 Suite, Apt. #, etc.
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City & State Howey in the Hills FL	City & State Howey in the Hills AL	4. FEI Number 41-2120854	Applied For Not Applicable
Zip 34737	Country USA	Zip 34737	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLORADO, PAULA A 22940 S R 19 HOWEY IN THE HILLS, FL 34737
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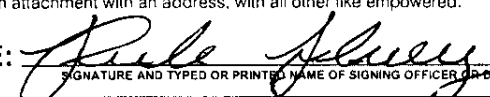
7. Name and Address of New Registered Agent Name Colorado, Paula A Street Address (P.O. Box Number is Not Acceptable) 22940 State Rd 19 City Howey in the Hills FL Zip Code 34737
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8. The above named entity submits this statement for the purpose of changing 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 10-30-07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLORADO, PAULA A 22940 S R 19 HOWEY IN THE HILLS, FL 34737 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800112088268 11/07/07--01062--009 **158.75
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"/> Change <input type="checkbox"/> Addition
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"/> 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 10-30-07