2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000011587

1. Entity Name
JAMES GIRALDO CARPET CORPORATION

FILED
09 JAN -6 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08
12302008 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
9319 NW 18TH ST PLANTATION, FL 33-3222	9319 NW 18TH ST PLANTATION, FL 33-3222
2. Principal Place of Business - No P O. Box # "	3. Mailing Address "
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State "	City & State "
Zip 33322 Country US	Zip 33322 Country US

4. FEI Number 20-0618094 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOFIL, JOSEPH K P.A. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319	Name Street Address (P O Box Number is Not Acceptable) City FL 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 Joseph K. Nofil. 12/29/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S. the corporation did not receive the prior notice.

DOS-45004 01/06/09

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GIRALDO, JAMES	NAME	500139765145
STREET ADDRESS	9319 NW 18TH ST	STREET ADDRESS	01/06/09--01090--002 *150.00
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: 12/29/2008 (954) 825-9611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #