

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000011587		
1. Entity Name JAMES GIRALDO CARPET CORPORATION		

Principal Place of Business 9319 NW 18TH ST PLANTATION, FL 33-3222	Mailing Address 9319 NW 18TH ST PLANTATION, FL 33-3222
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2. Principal Place of Business - No P.O. Box # 11	3. Mailing Address 11
Suite, Apt. #, etc.	Suite, Apt. #, etc.

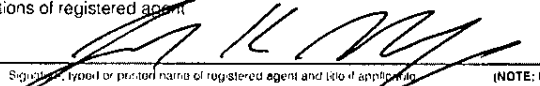
City & State 11	City & State 11
Zip 33322	Country US
Zip 33322	Country US

6. Name and Address of Current Registered Agent NOFIL, JOSEPH K P.A. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319	
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4. FEI Number 20-0618094	Applied For Not Applicable
5. Certificate of Status (Desired) ☐	\$8.75 Additional Fee Required

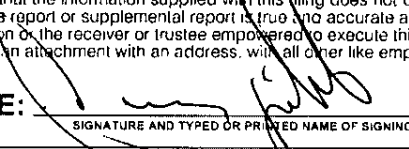
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE 12/29/2008

FILE NOW!!! FEE IS \$150.00. After January 1, 2009, Fee will be \$300.00	In accordance with Florida Statute 607.01, the corporation has not received the State Police.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GIRALDO, JAMES 9319 NW 18TH ST PLANTATION, FL 33322 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500139765145 01/06/09--01090--002 *150.00 ☐ 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: 	DATE 12/29/2008 (954) 825-9611