2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000015092 1. Entity Name MARTINEZ CARPET, CORP.						FILED 08 OCT -3 PM 2: 33		
Principal Place of Business Mailing Address					┪	SEUNL TAKY OF ST	ATF	
1642 WEST 42ND STREET HIALEAH, FL 33012		1642 WEST 42ND STREET HIALEAH, FL 33012			JEUNETAKY OF ST TALLAHASSEE, FLO	RIDA		
2 Principal P	face of Business - No P.O. Box #	3. Mailing Address	Mailing Addrage		_			
2. Throught face of Business - NOT.O. Box #		3. Mailing Address	· Maning Address			N 66M AIRM 66M 66M 66M 66M 66M 101M 111M 111M	1000 00000 0000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09555008	「BEIN-B" TV CUSE088 (1	107) 08		
City & State		City & State		4. FEI Numb		Applied For Not Applicable		
Zip	Country	Žip	Žip Count			a of Status Desired S8.7	5 Additional	
6. Name and Address of Current Re		egistered Agent	stered Agent		7. Name an	Address of New Registered Agent	equired	
				Name				
MARTINEZ, DIOGRACIO R 1642 WEST 42ND STREET				Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH,								
					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 as							with, and accept	
the obligations of registered agent.								
SIGNATURE JURGH JULIUS								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature 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 corporation did not receive the		
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS	/CHANGES TO OFFICERS AND DIREC	CTORS IN 11	
TITLE	PD NARTINEZ PIOCRACIO R	☐ Delete	TITL			☐ Ch	nange	
NAME Street adoress	MARTINEZ, DIOGRACIO R 1642 WEST 42ND STREET		NAM Stri	ie Eet address				
CITY-\$1-ZIP	HIALEAH, FL 33012			'-\$T-ZIP				
TITLE		☐ Delete	TITL	E		cr	nange	
NAME CIDELT ADDDCCC			NAM		_			
STREET ADDRESS CITY-\$1-20P				EET ADDRESS '-ST-ZIP	7001366		9	
TITLE		☐ Delete	TETL		10/1	3/080045007 ** □ c	nange	
NAME		2000	NAM	E E				
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP				
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NAME	$\lambda m \cdot (a)$	PT Deserte	NAM	-		Ļ UI	lange [] Addition	
STREET ADDRESS	411013		STRE	EET ADDRESS				
CITY-ST-ZIP	1 9		СПУ	-\$T-ZIP				
TITLE NAME		☐ Delete	ΠTL NAM			☐ Ch	ange 🗌 Addition	
STREET ADDRESS				EET ADORESS				
CITY-ST-ZIP			СПҮ	'-ST-ZIP				
TITLE		☐ Delete	TITL	t t		□ Ch	ange 🔲 Addition	
NAME STREET ADDRESS			NAM	EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
12. hereby	certify that the information supplied with t	his filing does not qualify fo	or the exe	emptions containe	ed in Chapter 11	9, 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 eath; that I am an efficer 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.								