

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000018611

FILED  
Oct 24, 2005  
Secretary of State

**Entity Name:** NOE MOLINA CARPETING INSTALLATIONS, INC.

**Current Principal Place of Business:**

2302 MAKI RD APT 51  
PLANT CITY, FL 33566

**New Principal Place of Business:**

4504 STATE ROAD 574 LOT 64  
PLANT CITY, FL 33563 US

**Current Mailing Address:**

2302 MAKI RD APT 51  
PLANT CITY, FL 33566

**New Mailing Address:**

4504 STATE ROAD 574 LOT 64  
PLANT CITY, FL 33563 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOLINA, NOE  
2302 MAKI RD APT 51  
PLANT CITY, FL 33566 US

**Name and Address of New Registered Agent:**

MOLINA, NOE  
4504 STATE ROAD 574 LOT 64  
PLANT CITY, FL 33563 US

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.

SIGNATURE: NOE MOLINA

10/24/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MOLINA, NOE  
Address: 2302 MAKI RD APT 51  
City-St-Zip: PLANT CITY, FL 33566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MOLINA, NOE  
Address: 4504 STATE ROAD 574 LOT 64  
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOE MOLINA

DP

10/24/2005

Electronic Signature of Signing Officer or Director

Date