2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000064152

1. Entity Name
JOEY ADAMSCARPET INSTALLATION INC.

FILED
05 NOV 21 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

11172005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
~~832 DORI CT.~~ ~~ST. CLOUD, FL 34772~~	~~832 DORI CT.~~ ~~C/O MIKE EVANS~~ ~~ST. CLOUD, FL 34772~~

2. Principal Place of Business	3. Mailing Address
3710 HAYDON CT. #104	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Same
City & State: PALM HARBOR, FL	City & State
Zip: 34685 Country: USA	Zip Country

4. FEI Number: 83-0392651 ☐ 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
ADAMS, JOSEPH ~~832 DORI CT.~~ ~~ST. CLOUD, FL 34772~~	Name: JOSEPH ADAMS Street Address (P.O. Box Number is Not Acceptable): 3710 HAYDON CT. #104 City: PALM HARBOR FL Zip Code: 34685

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: 11/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee Will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADAMS, JOSEPH ~~832 DORI CT.~~ 3710 Haydon Ct. #104 ~~ST. CLOUD, FL 34772~~ Palm Harbor, FL 34685	☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	000061604440 11/21/05--01042--007 **150.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 11/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #