


10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 DEC 12 2006 SECRETARY OF STATE TALLAHASSEE, FLORIDA 12/06/06 01039 015 \$300.00 CR2E081 (12/05) 05-06	
DOCUMENT # P 04000067655					
1. Corporation Name A + A Carpet. Corp W06000052794					
2. Principal Office Address 1890 S Hoylake ter <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 1890 S Hoylake ter <small>Suite, Apt. #, etc.</small>			
City & State Lecanto, FL <small>Zip Country</small> 34461 Citrus		City & State Lecanto, FL <small>Zip Country</small> 34461 Citrus		4. Date Incorporated or Qualified To Do Business in Florida 04/23/2004 5. FEI Number 83-0399955 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Luis Polania		
Street Address (P.O. Box Number is Not Acceptable) 1890 S Hoylake ter		
Suite, Apt. #, Etc.		
City Lecanto		State FL Zip Code 34461

REINSTATEMENT 05-06

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent Luis Polania <small>REGISTERED AGENT MUST SIGN</small>	Date 11/29/06

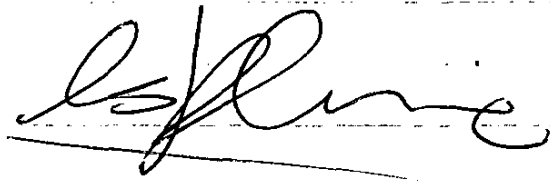
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Luis Polania	1890 S Hoylake ter	Lecanto, FL 34461

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: Luis Polania <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 11/29/06 <small>Date</small>	(305) 510 1234 <small>Daytime Phone #</small>

2072

Document # P04000067655

Luis Polania, President of
Corporation A1A Carpet Corp.
TIN# 830399955 did not
receive the annual report
notices by mail on the
year of 2005 due to an
address change.

A handwritten signature in black ink, appearing to read "L. Polania", written over a horizontal line.