


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000112203		
1. Entity Name PROFESSIONAL CARPET & TILE INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 21 AM 9:31

REINSTATEMENT 05



Principal Place of Business 16130 SE 99TH TERRACE SUMMERFIELD, FL 34451 US	Mailing Address 16130 SE 99TH TERRACE SUMMERFIELD, FL 34451 US
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2. Principal Place of Business Suite, Apt. #, etc. 11545 S.E. 57th Ave. City & State Bellevue, FL. Zip 34420 Country USA	3. Mailing Address Suite, Apt. #, etc. 11545 S.E. 57th Ave. City & State Bellevue, FL. Zip 34420 Country USA
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12202005 REIN-P CR2E098 (6/04)

4. FEI Number 0548066895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORE, SHEILA 16130 SE 99TH TERRACE SUMMERFIELD, FL 34451

7. Name and Address of New Registered Agent Name More, Pat Street Address (P.O. Box Number is Not Acceptable) 11545 S.E. 57th Ave. City Bellevue, FL Zip Code 34420

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 Pat More 12-20-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PAT, MORE 16130 SE 99TH TERRACE SUMMERFIELD, FL 34451 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12/21/05--01034--003 **150.00

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: Pat More 12-20-05 352 514 3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #