

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P04000149003

1. Entity Name

KOULEE CARPET INSTALLATION, INC.



FILED

2005 OCT 24 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10212005 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEE, KOU 1297 BAGWELL DRIVE ZOLFO SPRINGS, FL 33890		Name Street Address (P.O. Box Number is Not Acceptable) City 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 am familiar with, and accept the obligations of registered agent.

SIGNATURE 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, KOU 1297 BAGWELL DRIVE ZOLFO SPRINGS, FL 33890	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 900060898449 10/24/05-01055-003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T LOR, BAO 1297 BAGWELL DRIVE ZOLFO SPRINGS, FL 33890	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: KOULEE PRESIDENT (863) 257-1007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/24/05