## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000155878

Address:

City-St-Zip:

Entity Name: FUZZY SIDE UP CARPET INSTALLATION, INC.

FILED Sep 19, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2236 GULI LOT 320	F TO BAY BLVI	)			
	ATER, FL 3376	5 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2236 GULI LOT 320	F TO BAY BLVI	)			
	ATER, FL 3376	5 US			
FEI Number	: 20-1887737	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
LOT 320	RREN J F TO BAY BLVI ATER, FL 3376				
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE: DARREN	LUCE			
	Electroni	c Signature of Registered A	gent	Date	
		(2)(b), F.S., the corporation did (	not receive the prior notice.		
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LUCE, DARREN	BAY BLVD - LOT-320	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LUCE, HEIDI L	Delete BAY BLVD - LOT-320 FL 33765 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SHARPLESS, C	BAY BLVD - LOT 320	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	TREA () LUCE, HEIDI L	Delete	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DARREN LUCE Ρ 09/19/2005

2236 GULF TO BAY BLVD - LOT 320

CLEARWATER, FL 33765 US