2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000027788

Name: Wright Way Carpet, Inc.

FILED
07 MAR -7 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02082007 REIN-P CR2E098 (06-07) REINSTATEMENT 06-07

Principal Place of Business	Mailing Address
2501 EAST OLIVE ROAD PENSACOLA, FL 32514 US	2501 EAST OLIVE ROAD PENSACOLA, FL 32514 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7486 Harvest Vill Blvd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Navarre Fla	City & State
Zip: 32566 Country: U.S.	Zip Country

4. FEI Number: ☐ 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
WRIGHT, CURTIS 2501 EAST OLIVE ROAD PENSACOLA, FL 32514	Name Street Address (P.O. Box Number is Not Acceptable) 7486 Harvest Village BLVD City Navarre FL Zip Code 32566

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: Curtis Wright — DATE: March 1-07

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

FILE NOW!!! FEE IS $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 WRIGHT, CURTIS 2501 EAST OLIVE STREET PENSACOLA, FL 32514 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☑ Addition 7486 Harvest Village Blvd
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition ~~Forre~~ ~~Truse~~ Treasurer
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Gable Benjamin 1899 Rever BLVD app 139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Gulf Breeze Fla 32563
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400093747824 03/19/07--01059--020 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Curtis Wright — March 1-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #