

## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000091630</b> 1. Entity Name <b>SAM'S CARPET U.S.A., INC.</b>	
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FILED  
06 OCT -2 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 10521 MAHOGANY KEY CIRCLE, #105 MIAMI, FL 33196	Mailing Address 10521 MAHOGANY KEY CIRCLE, #105 MIAMI, FL 33196
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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09282006 REIN-P CR2E098 (11/05) *0.6*

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <i>20-3068056</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  MARTINEZ, JAIME 10521 MAHOGANY KEY CIRCLE, #105 MIAMI, FL 33196	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD MARTINEZ, JAIME <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100080361041</b>	
NAME	10521 MAHOGANY KEY CIRCLE, #105		NAME	<b>10/02/06--01042--015 **150.00</b>	
STREET ADDRESS	MIAMI, FL 33196		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, MARGARITA		NAME		
STREET ADDRESS	10521 MAHOGANY KEY CIRCLE, #105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>DP 10/3</i>		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_