


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

|                                         |  |                                                                                   |
|-----------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P06000033001                 |  |  |
| 1. Entity Name<br>OBONEKUE CARPET, INC. |  |                                                                                   |

|                                                                         |                                                             |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business<br>940 N. W. 22ND AVENUE<br>MIAMI, FL 33125 | Mailing Address<br>940 N. W. 22ND AVENUE<br>MIAMI, FL 33125 |
|-------------------------------------------------------------------------|-------------------------------------------------------------|

|                                                |                    |
|------------------------------------------------|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|------------------------------------------------|--------------------|

|                           |                           |
|---------------------------|---------------------------|
| Suite, Apt. #, etc.<br>#6 | Suite, Apt. #, etc.<br>#6 |
|---------------------------|---------------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>HERNANDEZ, JOAN<br>940 N. W. 22ND AVENUE<br>MIAMI, FL 33125 |  |
|--------------------------------------------------------------------------------------------------------------------|--|

|                                                                           |          |
|---------------------------------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent                               |          |
| Name                                                                      |          |
| Street Address (P.O. Box Number is Not Acceptable)<br>940 NW 22 AVE APT 6 |          |
| City<br>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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--------------------------------------------------------------|------|

|                             |                                                                                              |
|-----------------------------|----------------------------------------------------------------------------------------------|
| 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HERNANDEZ, JOAN<br>940 N. W. 22ND AVENUE<br>MIAMI, FL 33125<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>940 NW 22 NW AVE APT 6                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>500117827245<br>02/12/08--01015--014 **308.75 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |

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:  | Date<br>01/13/08 | Daytime Phone # |
|------------------------------------------------------------------------------------------------|------------------|-----------------|

FILED  
2008 FEB 12 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                             |                |                |
|-----------------------------|----------------|----------------|
| 01132008 REIN.P             | CR2E098 (1/07) | 07-08          |
| 4. FEI Number<br>20-4678159 | Applied For    | Not Applicable |

|                                  |                                                                    |
|----------------------------------|--------------------------------------------------------------------|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|--------------------------------------------------------------------|

B. Mitchell FEB 12 2008