

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000083683

Entity Name: CARPET KINGDOM, INC

FILED
Dec 15, 2008
Secretary of State

Current Principal Place of Business:

9440 OSCEOLA DRIVE
NEW PORT RICHEY, FL 34654

Current Mailing Address:

9440 OSCEOLA DRIVE
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

1420 CELEBRATION BLVD
SUITE 200
CELEBRATION, FL 34747 US

New Mailing Address:

1420 CELEBRATION BLVD
SUITE 200
CELEBRATION, FL 34747 US

FEI Number: 26-3851356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHONEY, DANIEL J
9440 OSCEOLA DRIVE
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

MARTINEZ, MARIA
1420 CELEBRATION BLVD
SUITE 200
CELEBRATION, FL 34747 US

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.

SIGNATURE: MARIA MARTINEZ

12/15/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAHONEY, DANIEL J
Address: 9440 OSCEOLA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAA,
Address: 1420 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747 US

Title: D () Change (X) Addition
Name: BOTAU, MARIUS
Address: 1420 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: CAA

D

12/15/2008

Electronic Signature of Signing Officer or Director

Date