PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Secretary of State DOCUMENT # P060000149906 1. Curyonano Narra A1 CARPET INSTALLATION INC. 2. Principal Office Address 455 CRYSTAL LAKE DR 5046, Act. 8: 0. 6046, Act. 8: 0. 6046, Act. 8: 0. 7. Name and Address of Current Registered Agent 8. Library States of Current Registered Agent 8. Library States of Current Registered Agent 7. Name and Street Address of Current Registered Agent 8. Library States of Current Registered Agent 8. Libr					-	55	a B	
A1 CARPET INSTALLATION INC. 2. Principal Office Address	•	(金属) [1] 2.2.47 [1]	Secre	tary of State		SECRETAR DIVISION OF C	Y OF STATE CORPORATIONS	
2. Principal Office Address - No F.O. Box # 85 CRYSTAL LAKE DR CREEGE (12/08) 2. Principal Office Address - No F.O. Box # 855 CRYSTAL LAKE DR CREEGE (12/08) 3. Making Office Address B 855 CRYSTAL LAKE DR CREEGE (12/08) 3. Making Office Address B 855 CRYSTAL LAKE DR CREEGE (12/08) 4. Does Incorporated or Qualified 12/04/2006 5. FEI Agriculture Company			49906	,	_			
2. Principal Office Acadress - No P.O. Box # B55 CRYSTAL LAKE DR 3. Name of Red & CT Surfe, Apt. #, etc. Cry & State POMPANO BEACH POMPANO BEACH, FL 2p 33064 Courty 33064 Courty 33064 To Do Business in Florida 12/04/2006 S.FEL Number 2p 3206 CERRIFICATE OF STATUS DESIRED 375 Additional Feet regular for a Confliction of School for a Confliction of School To REFIE Address of Courter New Address of Courter Neglistered Agent Name Tax House Cor paration Dre No Street Address (Po. Bys Number Not Accomplished Street Address (Po. Bys Number Not Accomplished Surfe, Apt. #, Etc. Cry Deer Field Boch. FL 33444 Surfe, Apt. #, Etc. Cry Reclistered Agent Recli	Ą1 (CARPET INSTALLA	TION INC.		9	၀္တ၀္တ15ွန္တ	Q1 <u>5</u> ,40 <u>9</u>	
Suite. Apt. #. etc. Suite. Apt. #. etc.			· régige		01/2	:37 030103	(~-UUZ **3UU.UU	
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Country 33064 Country 3507 Coun	Suite, Apt. a	#. etc.	Suite, Apt. #, etc.					
Suppose Country Supp			·		5. FEI Numbe	er .		
7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name Tax House Corporation (Breno R. Gomestine) Street Address (P.O. Box Number is Not Accoptable) Street Address (P.O. Box Number is Not Accoptable) Street Address (P.O. Box Number is Not Accoptable) State April 4. Etc. City Seer Feeld Bch. State Spatiate of File 33AH 8. I, being appointed by registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Must StiGN 9. Names and Street Addresses of Each Officer and Director (Florida morporfit corporations must list at least 3 directors) Name of Officers and/or Directors Officers and/or Directors Officers and/or Director Director Director Director Components on the State Dr. 10. Leady that I am an officer or director or the receiver of fusites empowered to execute this application as provided for in chapter 607 or 617, F.S. I further centry that when filing this reinstatement application, the reason for or sociution has been eliminated, the components mass assisted to the form on on equality for an exemption contained in Chapter 119, F.S. The information indicated on this application is you an exemption contained in Chapter 119, F.S. The information indicated on this application is you and accept the above the same legal effect as if made under cath. SIGNATURE: O7/24/2009 954-5735349								
Name Tax House Corporation (Breno R. Gom Street Address (P.O. Bys Nurphar is Not Accordable) Street Address (P.O. Bys Nurphar is Not Accordable) Street Address (P.O. Bys Nurphar is Not Accordable) Sute, Apt. #, Etc. State State File 32444 State	33064	USA	33064	USA	CERTIFICATE	OF STATUS DESIRED		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) DP Celso F. Note comento 855 Crustal Lake Dr Pompano Bah F1_3300 10. Learly that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation beug been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is rule and securate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: 07/24/2009 954-5735349	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip DP Celso F. Noscimento 855 Crystal Lake Dr Pompano Bun F1 3800 10. I certify that I am an officer or director or the receiver or Irustee empowered to execute this application as provided for in chapter 607 or 617. F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this sepilisation is fue and accurate, and mr signature shall have the same legal effect as if made under oath. SIGNATURE: 07/24/2009 954-5735349	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 7 24 09							
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	this rei owed t on this	nstatement application, the reason for die by the corporation have been paid and the application is rue and accurate, and my	solution has been elimina e names of individuals list signature shall have the s	ated, the corporate name satisfie ed on this form do not qualify for same legal effect as if made und	is the requirements ran exemption con er oath.	of section 607.0401 tained in Chapter 11 07/24/2009	or 617.0401, F.S., that all fees 9, F.S. The information indicated	