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09 FEB 17 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


01/09/09 01038 008 150<sup>00</sup>

CR2E081 (12/08)

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>		<b>12/20/2006</b>	
<b>5. FEI Number</b> <b>32-0189210</b>		<input type="checkbox"/> <b>Applied For</b>	<input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
*Secretary of State*  
DIVISION OF CORPORATIONS

**1. Corporation Name**

ALVA CARPET, INC

<b>2. Principal Office Address - No P.O. Box #</b> <b>4901 REGIS COURT</b>		<b>3. Mailing Office Address</b> <b>4901 REGIS COURT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ORLANDO, FLORIDA</b>		City & State <b>ORLANDO, FLORIDA</b>	
Zip <b>32808</b>	Country <b>ORANGE</b>	Zip <b>32808</b>	Country <b>ORANGE</b>

7. Name and Address of Current Registered Agent		
Name WALTER WILLIAMS		
Street Address (P.O. Box Number is Not Acceptable) 4901 REGIS COURT		
Suite, Apt. #, Etc.		
City ORLANDO, FLORIDA	State FL	Zip Code 32808

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 *William J. Williams* Date 2-11-09

REGISTERED AGENT MUST SIGN

[illegible]

**10.** I certify that I am 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 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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *W. H. Williams* 2-11-09  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 10-7-09 Daytime Phone # 407-509-6599  
407-509-6598