2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000073300

1. Entity Name
PEACOCK'S CARPET SERVICE, INC.

FILED
2009 JUL 10 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5987 ORANGE RD WEST PALM BEACH, FL 33413	5987 ORANGE RD WEST PALM BEACH, FL 33413

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5605 Orange Rd	5605 Orange Rd.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: West Palm Beach, Fl	City & State: West Palm Beach, Fl
Zip: 33413 / Country: Palm Beach	Zip: 33413 / Country: Palm Beach

061920091 REINFP CR2E098 (0707) REINSTATEMENT 7-8-09

4. FEI Number: 26-0509986 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEACOCK, WILLIAM K
5987 ORANGE RD
WEST PALM BEACH, FL 33413

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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: William K Peacock — DATE: 7/2/09
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P PEACOCK, WILLIAM K 5987 ORANGE RD WEST PALM BEACH, FL 33413	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~C09000013324~~ ~~07/10/09--01049--002 **300.00~~ ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700158364667 07/10/09--01049--002 **300.00 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: William K Peacock — 7/2/09 — 561-541-6460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #