PLEASE READ A	ALL INSTRUCTIONS BEFO	RE COM	1PLETII	NG THIS FOR	М.	
APPLICATION APPLICATION	TON FLORIDA DEPARTMENT OF STATE		APP/GOVED AND			
FOR	Sandra B. Mortham Secretary of State				(LD)	
REINSTATEMENT	DIVISION OF CORPORATIONS			98 JAN 31	) PM 1:50	
DOCUMENT # P96000025759						
R & R CARPET CORPORATION $\left( \frac{1}{2} - \frac{1}{2} + \frac{1}{2} \right)$			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
( 911'					•	
Principal Place of Business 5610 N.W. 12TH AVENUE	Meiling Address 5610 N.W. 12TH AVENUE			I <b>i</b> ili <b>i</b> ilii <b>ii</b> lii iilii iiliii iilii iilii iilii iilii iiliii iilii iilii iilii iilii iili	)	
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309					1:681 9:31	
If above addresses are incorrect in any way, line thro  2. New Principal Office Address, if Applicable	ncorrect in any way, line through incorrect information and enter correction below.  ddress, if Applicable 3. New Mailing Office Address, if Applicable			rated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			ess in Florida	03/18/1996	
ity & State City & State		5. 1	El Number 65-06	564175	Applied For Not Applicable	
Zip Country	Zip Country	6. C	S57		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	r Director (Florida nonprofit corporations must	list at least 3 di	rectors)			
Title(s) Name of Officers and/or Directors	le(s) and/or DirectorsOfficer and/or Director			City i	/ State / Zip	
D COMEN, ROY L. 1740 PALM COVE BLVD., #104*			DELFAY BEACH FL 33455			
P GOLD, CARL 22898 ROYAL CROWN TERR BOCA RATON, FL. 33433						
			3000024217330 -02/04/9801104002			
*****300.00 ****300.00						
REINSTATEMENT 97-98						
				- G.	130 99	
8. Name and Address of Current Registered Agent Name				ddress of New Registere	4	
			STEINHORN (P.O. Box Number Is Not Acceptable)			
FT. LAUDERDALE FL 33309	Sulte, A	Street Address (P.O. Box Number Is Not Acceptable) 1001 NO U.S. HWY ONE STE 510 Sulte, Apt. #, Etc.				
510 City			State Zip Code			
10. 1, being appointed the registered agent of the glove named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.						
Signature of Registered Agent Date /28/58  REGISTERED AGENT MUST SIGN						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on Intangible tex.)						
12. 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 filling 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 ladividuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Daytime Phone #						