PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Kather ne Harris

Secreta y of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000101792

1. Corporation Name

DISCOVERY CARPET, CORP.

Principal Place of Business

Mailing Address

on this application is true and accurate, and my signature shall have the same I- gal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC IR OR DIRECTOR

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

01 MAY -1 AM 11:25

000 305-441-1221

Daytime Phone #

Date

| 2951 SW 36TH CT MIAMI FL 33133 | | 2951 SW 36TH CT MIAMI FL 33133 | | | | | | |
|-----------------------------------|--|-----------------------------------|---|-------------|------------------------|---------------------------------------|-------------|--|
| If above a | addresses are incorrect in any way, line th | rough incorrect information | ar 1 enter correction I | below. | REINS | TATEME | NT (| 90401 |
| 2. New Pr | incipal Office Address, If Applicable | 3. New Mailing Office | Adress, If Applicable | | Date Incorp To Do Busi | porated or Qualified iness in Florida | W100 | - d) |
| Suite, Apt. | #, etc. | SMREZ #BBHAR & ASSOC., P.A. | | | 12/16/1996 | | | i |
| City & State | | City & State 13935 NW St AVENUE | | | 5. FEI Numbe | 65-0712091 | | Applied For Not Applicable |
| Zip | Country | Zip | Country | | 6. Certificat | E OF STATUS DESIRED | | dditional Fee required Certificate of Status |
| 7. Names | and Street Addresses of Each Officer and | /or Director (Florida nonpr | ofi corporations must | list at lea | st 3 directors) | | | |
| Title(s) | Name of Officers and/or Directors | 3 | Street Address of Each Officer and/or Director 3 | | | City / State / Zip | | |
| Р | MENENDEZ, ALFREDO | | 2951 SW 36TH CT | | | MIAMI FL 33133 | | |
| | | | | | | 1 | 5.00 · | ****** |
| | 8. Name and Address of Current | Registered Agent | Name | | 9. Name and | Address of New Regi | stered Agen | t Cooker and the cook |
| 14730 N MIA | (| Street Ad Suite, Ap City | with and accept the obligations of Section 607.0505, F.S. | | | | | |
| Signature o Registere्त | Agent | GISTERED AGENT MUST | E DERE | | | Date4 | 126/ | 01 |
| this rein: | that I am an officer or director or the receistatement application, the reason for dissortine corporation have been paid and the | plution has been eliminated | , this corporate name : | satisfies t | he requirements | of section 607 0401 o | v 617 0401 | FS that all four |