


2004 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P99000100314 | |  |
| 1. Entity Name WILLIAMS'S CARPETS CORPORATION | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 25 AM 11:32

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| Principal Place of Business 7654 NW 73 TERR. TAMARAC, FL 33321 US | Mailing Address 7654 NW 73 TERR. TAMARAC, FL 33321 US |
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10202004 REIN-P CR2E098 (6/04)

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| 2. Principal Place of Business 8000 NW Suite, Apt. #, etc. 75 AVE | 3. Mailing Address 8000 NW Suite, Apt. #, etc. 75 AVE |
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| City & State TAMARAC FLA | City & State TAMARAC FLA | 4. FEI Number 65-0977298 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33321 | Country BROWARD | Zip 33321 | Country BROWARD |

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent VALLEJO, ROSA 7654 NW 73 TERR. TAMARAC, FL 33321 | |
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| 7. Name and Address of New Registered Agent Name VALLEJO ROSA Street Address (P.O. Box Number is Not Acceptable) 8000 NW 75 AVE City TAMARAC FL Zip Code 33321 | |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VALLEJO, ROSA 7654 NW 73 TERR. TAMARAC, FL 33321 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VALLEJO, ROSA 8000 NW 75 AVE TAMARAC FLA 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600042161196 10/25/04--01070--022 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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| SIGNATURE: <u>Rosa Vallejo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 10/20/04 Date | Daytime Phone # |
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