


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S64756					
1. Corporation Name Carpet World Distributors, Inc.					
2. Principal Office Address 4424 S. Military Trail Suite, Apt. #, etc. RS		3. Mailing Office Address 4424 S. Military Trail Suite, Apt. #, etc. RS		4. Date Incorporated or Qualified To Do Business in Florida 07/02/91	
City & State Lake Worth, FL		City & State Lake Worth, FL		5. FEI Number 65-0296866	
Zip 33463	Country USA	Zip 33463	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Richard Susco					
Street Address (P.O. Box Number is Not Acceptable) 2419 10th Avenue North					
Suite, Apt. #, Etc.					
City Lake Worth				State FL	Zip Code 33461
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 <u>Richard Susco</u> Date <u>1/16/02</u>					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
DPTS	Richard Susco	4424 S. Military Trail RS		Lake Worth, FL 33463	
VP	Barbara Susco	4424 S. Military Trail RS		Lake Worth, FL 33463	
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 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: <u>Richard Susco</u> Date <u>1/16/02</u> Daytime Phone # <u>561-641-4444</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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