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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
06 DEC 12 2006  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 04000067655  
1. Corporation Name  
**A + A Carpet. Corp**  
**W06000052794**

1206700161033-2004-000.00  
12/06/06 01039 015 \$300.00  
CR2E081 (12/05) 05-06

2. Principal Office Address <b>1890 S Hoylake ter</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>1890 S Hoylake ter</b> Suite, Apt. #, etc.	
City & State <b>Lecanto, FL</b>		City & State <b>Lecanto, FL</b>	
Zip <b>34461</b>	Country <b>LITRUS</b>	Zip <b>34461</b>	Country <b>LITRUS</b>

4. Date Incorporated or Qualified To Do Business in Florida **04/23/2004**

5. FEI Number **83-0399955**  
Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Luis Polania**

Street Address (P.O. Box Number is Not Acceptable)  
**1890 S Hoylake ter**

Suite, Apt. #, Etc.

City **Lecanto** State **FL** Zip Code **34461**

**REINSTATEMENT 05-06**

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 **Luis Polania** Date **11/29/06**  
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
<b>President</b>	<b>Luis Polania</b>	<b>1890 S Hoylake ter</b>	<b>Lecanto, FL 34461</b>

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 contained in Chapter 119, 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: **Luis Polania** Date **11/29/06** Daytime Phone # **(305) 510 1234**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Luis Polonia, President of  
Corporation A1A Carpet Corp  
TIN# 830399955 did not  
receive the annual report  
notices by mail on the  
year of 2005 due to an  
address change.

