

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 PM 3:00

DOCUMENT # 477401

1. Corporation Name

JOHNSON, GILBERT & ROMANIK, P.A.

REINSTATEMENT

05-07

2. Principal Office Address 170 E. GRANADA BLVD. Suite, Apt. #, etc. -		3. Mailing Office Address 170 E. GRANADA BLVD. Suite, Apt. #, etc. -	
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL	
Zip 32176	Country US	Zip 32176	Country US

4. Date Incorporated or Qualified To Do Business in Florida 6/01/1975	
5. FEI Number 59-1593905	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name FRANK JOHNSON		800086170548	
Street Address (P.O. Box Number is Not Acceptable) 170 E. GRANADA BLVD.		01/25/07--01005--010 **450.00	
Suite, Apt. #, Etc. -			
City ORMOND BEACH	State FL	Zip Code 32176	

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

Date 1/12/07

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
PSD	FRANK JOHNSON	170 E. GRANADA BLVD.	ORMOND BEACH, FL 32176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07
Date

(386) 673-4412
Daytime Phone #

2 of 2

JOHNSON, GILBERT & ROMANIK, P.A.

ATTORNEYS AT LAW
ORMOND BEACH • ORLANDO

Of Counsel
R. W. Simmermon

Frank R. Johnson *
J. Lance Gilbert
Matthew E. Romanik†

Telephone: (386) 673-4412
Facsimile (386) 673-8916

*Supreme Court
Certified Mediator

PERSONAL INJURY
SOCIAL SECURITY
WORKERS' COMPENSATION

†Workers' Compensation
Board Certified

January 11, 2007

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement
FEI Number 59-1593905

Dear Sir or Madam:

Please be advised that I was informed recently that our corporation, Johnson, Gilbert & Romanik, P.A., had been administratively dissolved on September 16, 2005 for not filing our annual report. I immediately contacted your office to find out the procedures for reinstating this corporation, as we had no intentions of dissolving the firm. The last annual report we filed was on February 12, 2004. The firm relocated to a new address on May 1, 2004 and our Annual Report Notice was not forwarded. Therefore without a notice from the State, this annual report was overlooked by my bookkeeper, who had just started with the firm in October 2004 and was unaware an annual report needed to be filed in 2005. I respectfully request your consideration in this matter and ask that the late fees associated with reinstating our corporation be waived. I have enclosed our check #14966 in the amount of \$450.00 for payment of our annual filing for 2005 and 2006.

Thank you for your attention to this matter and should you have any questions or concerns, please feel free to contact me.

Sincerely,


Frank R. Johnson

FRJ:dew
Enclosures: Corporation Reinstatement Form
Check # 14966

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 AM 8:47

Section 1

1. STEAMCO CARPET + RESTORATION
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

2501 NW 105 TER
Mailing Address of Business

CORAL SPRINGS FL 33065
City State Zip Code

3. Florida County of principal place of business: BROWARD COUNTY
(see instructions if more than one county)

12/20/06 90034 038 \$ 50.00
This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I. Address City State Zip Code

2. Last First M.I. Address City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. V+E CLEANING INC. Entity Name
2501 NW 105 TER Address
CORAL SPRINGS FL 33065 City State Zip Code
Florida Registration Number P95000074278
FEI Number: 65-0618779
 Applied for Not Applicable

2. Entity Name G07023900001
Address 12/20/06--90034--038 **50.00
City State Zip Code
Florida Registration Number
FEI Number:
 Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 1-17-07
Signature of Owner Date

Signature of Owner Date

Phone Number: 954-227-1199 Phone Number:

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
NON-REFUNDABLE PROCESSING FEE: \$50