

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 10 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000166733

1. Corporation Name

Steam-All Carpet Care + Restoration
INC

2. Principal Office Address - No P.O. Box #

165 Florida Park Drive N

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 352477

Suite, Apt. #, etc.

City & State

Palm Coast FL

City & State

Palm Coast FL

Zip

32137

Country

Flagler

Zip

32135

Country

Flagler

REINST

CR2E081-(1/07)-051407

4. Date Incorporated or Qualified
To Do Business in Florida

12/2004

5. FEI Number

33-1107364

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

Stefanie Ciccimarro

Street Address (P.O. Box Number is Not Acceptable)

165 Florida Park Drive North

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32137

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Stefanie Ciccimarro

REGISTERED AGENT MUST SIGN

Date 12/6/07

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
P, T, S, V DCM	Stefanie Ciccimarro	165 Florida Park Drive N	Palm Coast FL 32137

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

Stefanie Ciccimarro

Stefanie Ciccimarro

Date

12/6/07

Daytime Phone #

386-

447-0478

B. Mather

DEC 10 2007

2082


December 3, 2007

To whom it may concern,

My name is Stefanie Ciccimarro and I am the owner of Steam-All Carpet Care & Restoration Inc. Document # P04000166733. I was just informed that my Corporation was in inactive status by going on line and getting information on Notice of Election to be Exempt.. I also noticed that my FEI number was not even listed. I had an FEI number since I opened the corporation in December of 2004 the number is 33-1107364. I called and spoke to a representative and asked her why is it this way. The representative informed me that I was supposed to pay a fee of \$150.00 a year. I did not know this and also did not receive a bill of any type of document stating that this is what was needed to be done. I would please ask you at this time if you could please waive the late fees and the reinstatement fee. I have enclosed a check in the amount of \$450.00 for years of 2005, 2006, 2007. I also enclosed a copy of my current Occupational License. If my address is not on file its 165 Florida Park Drive North Palm Coast, Fl 32137. My mailing address is PO Box 352477 Palm Coast Fl 32135. If you should have any question please feel free to call me at 386-447-0478.

I am very sorry for any misunderstanding.

Thank you so much for your cooperation in this mater.


Stefanie Ciccimarro