

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
REINSTATEMENT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -4 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K96780 (7)

1. Corporation Name

'TECHNIQUE' CARPET & UPHOLSTERY CLEANING, INC.



REINSTATEMENT 96

Principal Place of Business Mailing Address
% BRUCE T. FRUCCI
845 LEOPARD TR.
WINTER SPRINGS FL 32708
% BRUCE T. FRUCCI
845 LEOPARD TR.
WINTER SPRINGS FL 32708

2. Principal Place of Business 2a. Mailing Address
21 845 LEOPARD TR. 26 P.O. Box 195605
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 WINTER SPRINGS 27 WINTER SPRINGS
City & State City & State
23 FL 28 FL
Zip Country Zip Country
24 32708 25 SEMINOLE 29 32719 30 SEMINOLE

3. Date Incorporated or Qualified 3a. Date of Last Report
06/20/1989 08/09/1995
4. FEI Number Applied For
59-2962229 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRUCCI, BRUCE T.
2591 CREEKVIEW CIR
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Bruce T. Frucci - President 10/30/96
Signed, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	D	FRUCCI, BRUCE T.	845 LEOPARD TRAIL	
		WINTER SPRINGS FL 32708		
	PRESIDENT	BRUCE T. FRUCCI	845 LEOPARD TRAIL	
		WINTER SPRINGS, FL 32708		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bruce T. Frucci, President 10/30/96 407 695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0266