

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

97 OCT -8 AM 10:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L89991
 1. Corporation Name

JOHN'S CARPET SERVICE, INC.
002-2/1869

Principal Place of Business: 2570 WRIGHT AVE. MELBOURNE, FL 32935
 Mailing Address: 37 TAMARACK RD. WAYNE, NJ 07470

800002319068--1
 -10/13/97--01109--002
 ***923.75 ***923.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7/11/90	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3024916	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	JOHN FORD	37 TAMARACK RD.	WAYNE, NJ 07470
SECTY	JANICE FORD	37 TAMARACK RD.	WAYNE, NJ 07470
V.PRES	SAL. BLANCO	2570 WRIGHT AVE.	MELBOURNE, FL 32935

REINSTATEMENT *96-97*
A. Blanco

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SALVATORE L. BLANCO 2570 WRIGHT AVE. MELBOURNE, FL 32935		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *Salvatore Blanco* REGISTERED AGENT MUST SIGN Date: *10/8/97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *John Ford*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOHN FORD
 Date: *9/17/97*
 Daytime Phone #

CR2E040 (1/2/96)