

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 14 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P 00000085796

1. Corporation Name

A 1 Carpet & Drapery Care, Inc.

2. Principal Office Address

11506 Lake Willis Drive

Suite, Apt. #, etc.

3. Mailing Office Address

11506 Lake Willis Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32821

Country

USA

Zip

32821

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9-7-2000

5. FEI Number

☒ 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

Richard Ornstein

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

11506 Lake Willis Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32821

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 6-12-2002

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
PD	Richard Ornstein	11506 Lake Willis Drive	Orlando, Florida 32821
SDE	Patricia Ornstein	11506 Lake Willis Drive	Orlando, Florida 32821
			201.25 - AR
			10.00 - AR ARTS
			88.75 - AR Supp

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-2002

Date

(407) 239-6960

Daytime Phone #

2001-2002 VBR

100005980021-8  
-06/25/02--01073-012  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

CR2E081 (9/01)

282

**A 1 Carpet & Drapery Care, Inc.  
11506 Lake Willis Drive  
Orlando, Florida**

June 12, 2002

Secretary of State  
Department of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32314

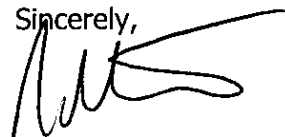
RE: A 1 Carpet & Drapery Care, Inc.

Dear Sir or Madam:

Please be advised that we did not receive the annual reports from the Secretary of State for the years 2001 and 2002. In that regard, I have enclosed a Corporation Reinstatement Form together with a check in the amount of \$300.00 made payment to the Department of State.

If you have any questions, please contact the undersigned.

Sincerely,



Richard Ornstein  
President