PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

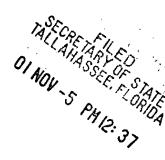
DIVISION OF CORPORATIONS

DOCUMENT # P00000113322

1. Corporation Name

SIGNATURE:

MCC: CARPET CLEANING, INC.



							·
6737 MERLIN CT 6737 M		Mailing Addr	g Address		-		
		6737 MERLIN CT ORLANDO FL 32810					
If above addresses are incorrect in any way, line through incorrect New Principal Office Address, If Applicable 3. New Mail			ct information and enter correction below. failing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Bueiness in Florida 12/06/2000		
City & State		City & State	City & State		5.9-3690 4/2 Not Applicable		
Zip	Country	Zip	Countr	у			75 Additional Fee required or a Certificate of Status
7. Name	s and Street Addresses of Each Officer an	d/or Director (Flo	rida nonprofit corpora	ations must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
DP	MURPHY, WILLIAM		6737 MERLIN CT			ORLANDO FL 32810	
DST	MURPHY, DENISE		6737 MERLIN CT		ORLANDO FL 32810		
			900004698329 -11/29/0101049016 ****750.00 *****750.0				:3293)1049016 ****750.00
	8. Name and Address of Currer	nt Registered Ag	ent		9. Name and	Address of New Registered	Agent
MUD	DLIV SARITTAKA		-Name				
	PHY, WILLIAM ' MERLIN CT	Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32810				Suite, Apt. #, Etc.			
				City		State	
10. 1, bei	ing appointed the registered agent of the a	above named corp	oration, am familiar w	vith and accept the c	obligations of Sec	tion 607.0505, F.S.	
Signature Registere	e of ed Agent <u> </u>		A SENT MUST SIGN	· · · · · · · · · · · · · · · · · · ·		Date 10-30-	-01
11, I cert	tify that I am an officer or director or the rec	ceiver or trustee e	mpowered to execute	this application as	provided for in ch	apter 607 or 617, F.S. I furthe	r certify that when filing

1. 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 future certify that when limiting 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.

William I Mulphy

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

10-30-01

407-297-712

Daytime Phone #