

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 22 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800005694538--1  
-06/06/02--01035--029  
\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT**

01-02

DOCUMENT # P00060113849

1. Corporation Name  
*Mad Mark Carpet Cleaner Inc*

2. Principal Office Address  
*2145 Mound Ave*

Suite, Apt. #, etc.

City & State  
*Panama City FL*

Zip  
*32402*

Country  
*USA*

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida *12/8/2000*

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  
*Derrick Bennett*

Street Address (P.O. Box Number is Not Acceptable)  
*2145 Mound Ave*

Suite, Apt. #, Etc.

City  
*Panama City*

State  
**FL**

Zip Code  
*32402*

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

REGISTERED AGENT MUST SIGN

Date

**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
<i>D</i>	<i>Mark Broersma</i>	<i>2145 Mound Ave</i>	<i>Panama City FL 32402</i>

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

Date

850 763-4093

Daytime Phone #

CR2E081 (9/01)