

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 20 PM 11:27

DOCUMENT # **P01000017045**

1. Corporation Name

CLEAN IMAGE CARPET CARE, INC.

REINSTATEMENT 03



Principal Place of Business

Mailing Address

**5860 OLD TIMUQUANA RD STE 11
JACKSONVILLE FL 32210**

**P.O. BOX 122
ORANGE PARK FL 32067**

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

02/10/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3494585

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
COB	JOHNSON, DAN M	5860 OLD TIMUQUANA RD STE 11	JACKSONVILLE FL 32210
PCEO	DAVIS, JOHN A	5860 OLD TIMUQUANA RD STE # 11	JACKSONVILLE FL 32210
V	THOMAS, JASON R	5860 OLD TIMUQUANA RD STE # 11	JACKSONVILLE FL 32210
GM	COXWELL, MICHAEL B	5860 OLD TIMUQUANA RD STE # 11	JACKSONVILLE FL 32210

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JOHNSON, DAN M
5860 OLD TIMUQUANA RD STE 11
JACKSONVILLE FL 32210**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **11-13-03**

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-03

Date

Daytime Phone #

904/772-6398

CR2E040 (7/03)

Clean Image Carpet Care, Inc.
P.O. Box 122
Orange Park Florida 32067

November 13, 2003

Division of Corporations
Annual Report Reinstatement Section
Po Box 6327
Tallahassee, FL 32314

Re: Clean Image Carpet Care, Inc.
Document P01000017045
Did not receive first report by mail

Gentlemen,

We did not receive the original or any other 2003 Uniform Business Report for the current year by mail which was due on May 1, 2003. We just received a notice of administrative dissolution. This is the first and only notice that we have received for 2003. We always send and pay this report out upon receipt.

We are completing the report which we received with the above mentioned notice and are sending \$150.00. Please accept our check and consider it timely since we did not receive any report by mail.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan M. Johnson", written in a cursive style.

Dan M. Johnson, Pres.