PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF S Secretary of State DIVISION OF CORPORATIONS	04-7	UL 30 AM 9: 36 RETARY OF STATE	
DOCUMENT # PO1 0000 8 5368 1. Corporation Name			AHASSEE, FLORIUA	n H
Corpet Cleaning Experts , Inc.			REINET WO PER IRG 7,	130
2. Principal Office Address 1800 Pembrood Or.	3. Mailing Office Address	07/3	'00039725627 30/0401019001 **635.1	00
Suite, Apt. #, etc.	Suite, Apt. #, etc.		porated or Qualified 8/39/01	\neg
City & State Orlando FC 32810	City & State	5. FEI Numbe	1.1	
32810 Country	Zip Country	6. CERTIFICATE	S8.75 Additional Fee re for a Certificate of St	equired
Name ,	7. Name and Address of Curre	nt Registered Agent		
Street Address (P.O. Box Number is 1800)	Not Acceptable) em brouk pr. Si	<i>nik 300</i>		
O:=-	0 PC 32810 U PC 32810		State Zip Code SJ 8/ U	
8. I, being appointed the registered agent of the ab Signature of Registered Agent	ove named corporation, am familiar with and a	accept the obligations of section	on 607.0505 or 617.0503, F.S. Date 7/26/04	CH2E081 (01/04)
9. Names and Street Addresses of Each Officer ar	nd/or Director (Florida nonprofit corporations n	nust list at least 3 directors)	· · ·	
Titles Name of Officers and/or Director		ress of Each d/or Director	City / State / Zip	
Pies Tina Pook	1800 fembro	10k pr. #3w	Orlando PC 32810)
,				
owed by the corporation have been paid and the on this application is true and accurate, and my	ssolution has been eliminated, the corporate na e names of individuals listed on this form do no	ame satisfies the requirements ot qualify for an exemption und f made under oath.	apter 607 or 617, F.S. I further certify that when fill s of section 607.0401 or 617.0401, F.S., that all fe der section 119.07(3)(i), F.S. The information indicated the section 119.07(3)(i) or 5.5 the information indicated the section 119.07(3)(ii) or 5.5 the information indicated the section 119.07(3)(iii) or 5.5 the information indicated the section 119.07(3)(iiii) or 5.5 the information indicated the section 119.07(3)(iiiii) or 5.5 the information indicated the section 119.07(3)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ees ated
	PRINTED NAME OF SIGNING OFFICER OR DIRECT	OR	Date Daytime Phone #	_



Carpet Way, Inc.

1800 Pembrook Dr Suite 300 Phone: 407 294 0808 Fax: 407 294 7711

Orlando, FL 32810

To Whom It May Concern

Please be advised that I would like to reinstate my corporation. I moved my office so I was unaware that I was due a fee each year.

I apologize for any inconvenience that this may cause and appreciate your help. I have enclosed 2 checks one for \$635.00 and one for \$1235.00. I also would like to file the enclosed Articles of Amendment.

I am asking for you to waive the \$600.00 reinstatement fee.

I have also enclosed a check for \$1235.00 in case you don't waive it you can go ahead and process everything. I am a small business owner and would appreciate your consideration.

Thank you

you can tear when you don't use!