

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT.**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 24 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091924

1. Corporation Name

PRO CARPET CARE, INC.

2. Principal Office Address

14150 64th DR N

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip

33420

Country

PALM BEACH

3. Mailing Office Address

P.O. BOX 30085

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip

33418

Country

PALM BEACH

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/01

5. FEI Number

65-1149431

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

MARK ZIGGAS

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

14150 64th DRIVE N

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33420

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

Mark Ziggas

REGISTERED AGENT MUST SIGN

Date 10/21/03

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
PRES	MARK ZIGGAS	14150 64th DR N	PALM BEACH GARDENS, FL

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:

MARK ZIGGAS, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25061 (10/02)

C.R. COOPER, CPA, PA
5350 10TH. Ave. North, Suite 8
Lake Worth, Florida 33463

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

August 27, 2003

~~Division of Corporations~~
Uniform Business Report Filings
P. O. Box 6327
Tallahassee, Florida 32314

Taxpayer: Pro Carpet Care, Inc.
FEIN: 65-1149431
Tax Form: UBR
Tax Period: 2002,2003

To Whom It May Concern:

We have enclosed check #2168 in the amount of \$300.00 for the annual renewal of the above corporation.

Please abate the penalty as Mr. Ziggas did not receive the original UBRs due to several relocations, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Mr. Ziggas is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc