

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102276

1. Corporation Name

THE RIGHT WAY CARPET CLEANING, INC.

2. Principal Office Address

195 JALAPA DR.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

Zip

34743

Country

US

3. Mailing Office Address

195 JALAPA DR.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

Zip

34743

Country

US

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/19/02

5. FEI Number

37-1442777

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

SAMUEL OJEDA

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

195 JALAPA DR.

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34743

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
D	SAMUEL OJEDA	195 JALAPA DR.	KISSIMMEE, FL. 34743

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

10-27-03

Date

407-348-4159

Daytime Phone #

October 27, 2003


Department of State
Division of Corporations
409 East Gaines ST.
Tallahassee, FL 32399

Dear Sirs,

Through this letter, I submit you're the corporation reinstatement report from **The Right Way Carpet Cleaning, Inc. Document P02000102276 filed on 09-19-02**. According telephone conversation today October 27, 2003 with one of the specialist on the corporation department, the annual report form, for a year 2003, was sended to me, in January 2003, but the true is the original uniform business report, was sender to the incorrect address, for that reason I never received in order to renewal. I like to ask a waiver on the penalty for non-renewal annual report form.

Please consider these circumstantial reasons as an excuse for my request. Enclose one hundred fifty (\$150.00) dollars for a corporation fees on 2003. Thank for you attention to this matter.

Sincerely Yours


Samuel Ojeda
Corporation Officer
The Right Way
Carpet Cleaning,
Corporation