

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 10F2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000113822

1. Corporation Name

Townsend Carpet Cleaning, Inc.

2. Principal Office Address

4473 18th Ave SW

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34116

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

54-2088593

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2004 WOP

7. Name and Address of Current Registered Agent

Name

James Townsend

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

4473 18th Ave SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

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

Date

REGISTERED AGENT MUST SIGN

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
P	James Townsend	4473 18th Ave SW	Naples FL 34116

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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

Daytime Phone #

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WILLIAM G. STELZER
CERTIFIED PUBLIC ACCOUNTANT
301 AIRPORT ROAD NORTH
NAPLES, FLORIDA 34104
TEL: 239-643-1622
FAX: 239-643-1657

September 30, 2004

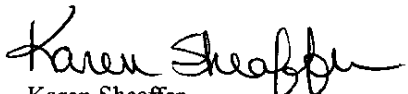
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Townsend Carpet Cleaning, Inc.
P02000113822

~~Please find attached the corporation reinstatement form for the above referenced corporation.~~
Townsend Carpet Cleaning, Inc. never received their original post card to request a form to be mailed. They did, however, receive the second post card with notice of intent to dissolve. We have been trying to download the filing form to send in for the past month with no luck. Please accept this form and their check in the amount of \$150.00. We are asking that you wave any late fees due to the fact that many corporations had problems this year with filing late due to change in mailing format.

Thank you for working with them on this matter. If you need any further information, please do not hesitate to contact us.

Sincerely,


Karen Sheaffer