

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

03 NOV -6 AM 9:20

DOCUMENT # P02000113822

1. Corporation Name

TOWNSEND CARPET CLEANING INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



900024478129  
11/06/03--01027--015 \*\*758.75

Principal Place of Business

4473 18 AVE SW  
NAPLES FL 34116

Mailing Address

4473 18 AVE SW  
NAPLES FL 34116

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/2002

5. FEI Number

2088593

Applied For

Not Applicable

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
<del>P</del>	<del>TOWNSEND, JAMES</del>	<del>4473 18 AVE SW</del>	<del>NAPLES, FL 34116</del>
V	OLIVER, GRACELYN	4473 18 AVE SW	NAPLES FL 34116
P	Townsend, James Sr.	4473 18 <sup>th</sup> Ave S.W.	Naples, FL. 34116

8. Name and Address of Current Registered Agent

TOWNSEND, JAMES  
4473 18 AVE SW  
NAPLES FL 34116

9. Name and Address of New Registered Agent

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

*James Townsend Sr.*  
REGISTERED AGENT MUST SIGN

Date 11-3-03

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:

*James Townsend Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-03

Date

239-3531722

Daytime Phone #

CR2E040 (7/03)