

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
2011 AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 19 AM 4:42

DOCUMENT # PO3000027428

1. Corporation Name

AAA COMMERCIAL CARPET AND FLOOR CARE, INC

2. Principal Office Address - No P.O. Box #

6203 SE 89TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 6017

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34472

Country

U.S.

Zip

34478

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

3/7/2003

5. FEI Number

810600487

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

700202590507
04/19/11--01018--009 **150.00
CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

EDDIE ARNOLD III

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

6203 SE 89TH ST

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34472

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

Eddie Arnold III

Date 04-16-11

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	EDDIE ARNOLD III	6203 SE 89TH ST.	OCALA, FL 34472

10. E-mail Address:

eava3@comcast.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Eddie Arnold III

Date 04-16-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/11