




2006 FOR PROFIT CORPORATION REINSTATEMENT

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|---|---|--|---------|---|--|--|--|
| DOCUMENT # P03000084054 | | | |  | | FILED 06 NOV 14 PM 5:45 TALLAHASSEE, FL SECRETARY OF STATE | |
| 1. Entity Name CARPET CLEANING, INC | | | |  | | | |
| Principal Place of Business 1405 N. CONGRESS AVE. SUITE 5 DELRAY BEACH, FL 33445 US | | Mailing Address 1405 N. CONGRESS AVE. SUITE 5 DELRAY BEACH, FL 33445 US | | | | | |
| 2. Principal Place of Business <i>See above</i> | | 3. Mailing Address <i>See above</i> | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 4. FEI Number 56-2388169 | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |  | |
| 6. Name and Address of Current Registered Agent CANNAVA, GARY 21947 HOLLYTREE WAY BOCA RATON, FL 33428 | | | | 7. Name and Address of New Registered Agent Name: <i>Cannava, Gary</i> Street Address (P.O. Box Number is Not Acceptable): <i>1405 N. Congress Ave Ste 5</i> City: <i>Delray Beach</i> FL Zip Code: <i>33445</i> | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> DATE: <i>11-06-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CANNAVA, GARY L 21947 HOLLYTREE WAY BOCA RATON, FL 33428 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Gary L. Cannava</i> <i>6847 Calle del Paz S</i> <i>Boca Raton, FL 33433</i> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <i>[Signature]</i> | | | | DATE: <i>11-6-06</i> DAYTIME PHONE #: <i>561 2897135</i> | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | |