2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000086486

1. Entity Name
MICROVENT CARPET CLEANING, INC.

05 AUG 12 PM 2:59

Principal Place of Business	Mailing Address
2971 ESTANCIA BLVD #320 CLEARWATER, FL 33761	2971 ESTANCIA BLVD #320 CLEARWATER, FL 33761

2. Principal Place of Business	3. Mailing Address
10732 NorthridgeCourt Suite, Apt. #, etc.	10732 Northridge Court Suite, Apt. #, etc.
Trinity, FL City & State	Trinity FL City & State
34655 USA Zip Country	34655 USA Zip Country

07Z62005 TREIN-P CR2E098 (6/04) 04-05

REINSTATEMENT

4. FEI Number
20-3200975
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROWE, MIKE 2971 ESTANCIA BLVD #320 CLEARWATER, FL 33761	Name Michael Rowe Street Address (P.O. Box Number is Not Acceptable) 10732 Northridge Court City Trinity FL Zip Code 34655

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 _____ 8-1-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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 ROWE, MIKE 2971 ESTANCIA BLVD #320 CLEARWATER, FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES, D Michael Rowe 10732 Northridge Crt Trinity, FL 34655	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, D Jennifer Rowe 10732 Northridge Crt Trinity, FL 34655	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600058535806 08/12/05--01060--001 **300.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 8-1-05 727-504-9223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #