182

2007 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: SOCRATS MELIA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT					FILED	1	V	
DOCUMENT # P03000086490				THE VIEW		,		
1. Entity Name CHOCO'S CARPET CLEANING, INC.					07 APR -6 PM I	4: 34		
					SECT. A CONTRACT	/ A TC		
Principal Place	e of Business	Mailing Address	<u> </u>		SECT S TALLAHASSEE, FL	ORIDA		
'		1888 BAYSHORE BOU	1888 BAYSHORE BOULEVARD		, · · · ·	ONDA		
PORT ST. LUCIE, FL 34984 PORT ST. LUCIE, FL 34			4984					
						48 B T 1 6 1 6 1 1 1 1 1 1		
2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		///	<i>Э0/04 01000</i> 302007 REIN-Р	CR2E098 (1/07)	1801	
City & State		City & State		-4	PEI Number		pplied For	
Oily & State		Ony a State		17	05-05 <u>86847</u>	├	ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent	I	7.	Name and Address of New Re	<u></u>		
SARREW RIGHT TOO				Name				
FARRELL, RICKEY L ESQ. 1595 S.E. PORT ST. LUCIE BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)				
PORT ST. LUCIE, FL 34952								
			City			FL Zip Coo	de	
				tered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
	named entity submits this statement it ions of registered agent.	ir the purpose of changing its	registered onic	e or registered at	gent, or both, in the state or hor	ida. Tarriariniai witt	, and accept	
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
EII	LE NOW!!! FEE IS \$900.00						ì	
10.	OFFICERS AND		11.	AI ن صهرا د	DDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR	RS IN 11	
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CITY-ST-ZIP			CITY - ST - ZIP		<u> </u>			
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TITLE		☐ Defete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME PAREET ARRESTS			NAME STREET ADDR	:00				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
12. hereby	! certify that the information supplied wit	h this filing does not qualify f	or the exemptio	ns contained in C	hapter 119, Florida Statutes. I f	urther certify that the	information	
indicated of the co	f on this report or supplemental report rooration or the receiver or trustee emo	s true and accurate and that powered to execute this repor	my signature sh t as required by	all have the same	r legal effect as it made under o	ain: inat i am an oilice	er or airector - i	
changed	, or on an attachment with an address,	with all other like empowered	*1 <i>/</i>			7	' (_e /	

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I believe your company Has \$150.00 on hold please wave The 600.00 penalty we did lecreve our anual cooperation Document back to US on 2006 because I belie office, manager Forgot to sign on The bottern we did send it back 2 days letter, I was told today 3/28/07 400 guys never regioned it. we do apologize Here is a check for 2007 for \$ 150.00 If you have any Question please call 772-344-1899 or write to 864-50 piedmont et 151. fr. 34986.