

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

DIVISION OF CORPORATIONS

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CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000000449

1. Corporation Name

CURLY'S CARPET & VINYL SERVICE INC.

2. Principal Office Address

1260 N SPARKMAN AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1260 N SPARKMAN AVE

Suite, Apt. #, etc.

City & State

ORANGE CITY FL

City & State

ORANGE CITY FL

Zip

32763

Country

Zip

32763

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

X 90-0132750

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DUANE L COLLINS

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

1260 N SPARKMAN AVE

Suite, Apt. #, Etc.

City

ORANGE CITY FL

State
FL

Zip Code

32763

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

REGISTERED AGENT MUST SIGN

Date 03/13/2006

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 |
|--------|--------------------------------------|---|---------------------|
| DPT | DUANE L COLLINS | 1260 N SPARKMAN AVE | ORANGE CITY FL 3276 |
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10. 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)(f), 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:

DUANE L COLLINS

03/15/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DATE: 03-15-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: CURLY'S CARPET & VINYL SERVICE INC.
DUANE L COLLINS

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT FOR 2004
AND 2005.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTLY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305 638 4402.

THANKS,



CURLY'S CARPET & VINYL SERVICE INC.
DUANE L COLLINS