

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -1 AM 10:59

DOCUMENT # *P04000006270*

1. Corporation Name

*Buccaneers Carpet
Service, Inc*

2. Principal Office Address

2642 Brookside Ct

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32751

Country

USA

3. Mailing Office Address

2642 Brookside Ct

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32751

Country

USA

REINSTATEMENT

05-06

CRZE081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2004

5. FEI Number

20-0579883

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ryan Hase

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

2642 Brookside Ct

Suite, Apt. #, Etc.

City

Maitland

State

FL

Zip Code

32751

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/10/06

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
<i>P</i>	<i>Ryan Hase</i>	<i>2642 Brookside Ct</i>	<i>Maitland, FL 32751</i>

000081434060
11/01/06--01041--019 ***300.00

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 contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/06

Daytime Phone #

2 of 2

September 26, 2006

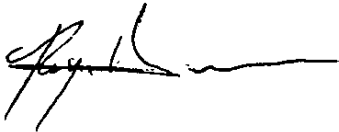
Dear Sir or Madam:

I moved from 4649 CR 561, Clermont, FL 34711 in 2004. Apparently all of my mail did not get forwarded to me because I did not receive any notices to renew my corporation. My new address which is also entered on the reinstatement application is 2642 Brookside Ct., Maitland, FL 32751.

I have enclosed the application along with the \$300 renewal fees for 2005 and 2006. Please notify me if there is any problem either at my Maitland address or by calling 352-429-2422.

Sincerely,

Ryan K. Hase

A handwritten signature in black ink, appearing to read 'Ryan K. Hase', followed by a long horizontal flourish.