

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000018629 1. Entity Name ANYTIME CARPET CLEANING INC						FILED 08 MAY -6 PM 1:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1801 WEST GRAND ST 7 ORLANDO, FL 32805 US				Mailing Address 1801 WEST GRAND ST 7 ORLANDO, FL 32805 US			
2. Principal Place of Business - No P.O. Box # 1801 W Grand St Suite, Apt. #, etc. UNIT A City & State		3. Mailing Address 1801 W Grand St Suite, Apt. #, etc. UNIT A City & State		 05012008 REIN-P-11 CR2E098 (1/07) 07-08			
Zip Country City & State		Zip Country City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ANTILLEY, GARY A 1801 WEST GRAND ST 7 ORLANDO, FL 32805			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1801 W Grand St UNIT A City FL Zip Code							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) DATE 5/11/08			
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	P ANTILLEY, GARY A <input type="checkbox"/> Delete 1801 WEST GRAND ST APT 7 ORLANDO, FL 32805			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 W Grand St UNIT A		
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		
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 300128566693 05/06/08--01007--020 **300.00		
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		
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		
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		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 5/11/08 Daytime Phone #			