

**CORPORATION
REINSTATEMENT**



FILED

09 APR 16 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000046158

1. Corporation Name

Steamin Deamin Carpet Cleanin, Inc.

2. Principal Office Address - No P.O. Box #
12071 Elgin Blvd

3. Mailing Office Address
12071 Elgin Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Spring Hill FL

City & State
Spring Hill FL

Zip
34608

Country
Hernando

Zip
34608

Country
Hernando**7. Name and Address of Current Registered Agent**

Name
James M Allen, Jr.

Street Address (P.O. Box Number is Not Acceptable)
12071 Elgin Blvd

Suite, Apt. #, Etc.

City
Spring Hill

State	Zip Code
FL	34608

4. Date Incorporated or Qualified To Do Business in Florida 3/20/2006

5. FEI Number
20-4624421

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____

4.11.09

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
P	James M Allen Jr	12071 Elgin Blvd	Spring Hill FL 34608
VP	Samantha Barker	12071 Elgin Blvd	Spring Hill 34608
	REINSTATEMENT		
	RH		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #