

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 30 PM 3:06

DOCUMENT # P06000078829

1. Corporation Name

World Finest Carpet Cleaning, INC

REINSTATEMENT 08-09 <sup>KS</sup>

600163184406  
11/30/09--01047--012 \*\*300.00  
CF2E081 (12/08)

2. Principal Office Address - No P.O. Box #

4147 Julington Creek Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Zip

32223

Country

Dauvl

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
352232918

Applied For  
Not Applicable

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

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

Name

Marvin E Hearman

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

4147 Julington Creek Rd

Suite, Apt. #, Etc.

City

Jacksonville

State  
FL

Zip Code  
32223

☒ 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

Marvin E Hearman

REGISTERED AGENT MUST SIGN

Date 11-12-09

**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
Owners	MARVIN E. HEARMAN	4147 Julington Creek Rd	JAX FL-32223

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:

Marvin E Hearman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-09

Date

Daytime Phone #