APPLICATION , FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000022748

1. Corporation Name

MASTERCARE CARPET RESTORATION & TOTAL CLEANING SERVICES, INC.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

96 NOV 14 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Country Coun	Principal P	lace of Busine	988	Mailing Address							
2. Nome and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. I. being appointed the registered Agent 10. I. being appointed the registered agent ag											
Suite, Apt. F. stic. Suite, Apt. Suite City & State Cit							CUUN DENOW.	REINS	TATEM	ENT 9	60W
Such Apt a cit. Such A	New Principal Office Address, If Applicable 3. New Mail 10000				No. W. 39 AVE			4. Date Incorporated or Qualified To Do Business in Florida 03/21/1995			95
City A State Country Country	Suite, Apt. #, etc.				59			5. FEI Number Applied For			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprotic corporation must find at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Directors 7. Names and Street Addresses of Each Officer and/or Directors 8. Street Address of Each Officer and/or Director (DNOT Use Post Officer Address (P.O. Box Number is N/Acceptable) 8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent Name AMERILAWYER 343 ALMERIA AVE. CORAL GABLES FL 33134 Sulfe, Apt. 4, Etc. City State Zyp Code FL Lawyerr, Chartered Dots Director (DNOT Use Post Officer Address Officer	City & State				Monut CEL, F1				-056/19	<u>8</u>	1
Title(s) 2 nandor Directors 3 ONT Use Post Office and For Director and For Director (DNO) Use Post Office Box Numbers) 4 Chy / State / Zp P BOND, KURT W 259 PAIN LEAF COURT COCONUT CREEK R. 33073 20000205232-7 -11/15/96-01088-01811/15/96-0188-0188-0188-0188-0188-0188-0188-018	Zip Country Z			2330	073 M3A						
Title(s) P BOND, KURT W 259 PAIN LEAF COURT COCONUT CREEK FL 33073 Respirator Coconum Treatment Fl 3075 Name Signature of Respirator Address of Current Registered Agent AMERILAWY COCONUT CREEK FL 33073 Name AMERILAWY Signature of Respirator Respirator Registered Agent AMERILAWY COCONUT CREEK FL 33073 Name Signature of Respirator Respirator Registered Agent Name Signature of Respirator Registered Agent AMERILAWY Signature of Respirator Registered Agent CORAL GRANGE RESPIRATOR RESPI	7. Names	and Street Ad	dresses of Each Officer and/o	or Director (Flor	ida nonprof	it corporations	must list at le	ast 3 directors)			
8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of Name Registered Agent 8. Name and Address of Name Registered Agent Name AMERILAWYER 343 ALMERIA AVE. CORAL GABLES FL 33134 Signature of Registered agent with a above registered corporation, am familiar with and accept the obligations of Section 607,0505, F.S. Signature of Registered Agent AGE I Lawyer, Chartered Deta 10/24/96 Registered Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes \ No \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Title(s) and/or Directors				Officer and/or Director			City / State / Zip			
8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name Name Street Address (P.O. Box Number is N/A Acceptable) Suite, Apt. #, Etc. City State Suite, Apt. #, Etc. City State Amerillawyer, Chartered Date Amerillawyer, Chartered Date Amerillawyer, Chartered Ose other side for information on Intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.) 12. Locatily 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 607.001, 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 a newmorn under section 119.07(3)(i), 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: 10/24/96 954-420-0750	Р	BOND, KURT W						· · · · · · · · · · · · · · · · · · ·			
8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name Name Street Address (P.O. Box Number is N/A Acceptable) Suite, Apt. #, Etc. City State Suite, Apt. #, Etc. City State Amerillawyer, Chartered Date Amerillawyer, Chartered Date Amerillawyer, Chartered Ose other side for information on Intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.) 12. Locatily 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 607.001, 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 a newmorn under section 119.07(3)(i), 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: 10/24/96 954-420-0750											
8. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVE. CORAL GABLES FL 33134 Signature of Registered agent of the above notified corporation, arm familiar with and accept the obligations of Section 607,0505, F.S. Signature of Registered Agent 4EGISTERED-AGENT MUST SIGN Lawerence J. Spiegel, President 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Section 607,0505, F.S. I further 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 corporation name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all lees owed by the corporation had the names of individuals listed on this form do not qualify for an exemption under section 19.07(3)(i), F.S. The information indicated on this gaplication is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: 10/24/96 954-420-0750					. 2			21	:000020062327 -11/15/9601086018		
AMERIA AWE. CORAL GABLES FL 33134 Suite, Apt. #, Etc. City State AmeriLawyer, Chartered Sired Address (P.O. Box Number is Nvi Acceptable) 10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent AmeriLawyer, Chartered Date AmeriLawyer, Chartered Date Out AmeriLawyer, Chartered Signature of Registered Agent Out AmeriLawyer, Chartered Date Out Out Tegistered Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.) 12. 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 007.0401 or 617,0401, F.S., that all lees oved 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)(i), 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. 10/24/96 954-420-0750									****37	5.00 ** *	# 375.00
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AMERIA AVE. CORAL GABLES FL 33134 Suite, Apt. #, Etc. City State	Name and Address of Current Registered Age							Address of item Re	pletered Agent		
Street Address (P.O. Box Number is N/A Acceptable) Suite, Apt. #, Etc. City State To liber population of Section 607.0505, F.S. Signature of Registered Agent AmeriLawyer, Chartered Date AmeriLawyer, Chartered President 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.) 12. 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 lees oved 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)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath. SIGNATURE: State Zip Code File City State Zip Code File Chartered Chartered Olay 496 See other side for information on intangible tax.) (See other side for information on intangible tax.) 10.1 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, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.	AMERILAWYER					Name					
City State Zip Code To I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. AmeriLawyer, Chartered Date Date Description AEGISTERED AGENT MUST SIGN Lawerence J. Spiegel, President 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.) 12. 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 oved 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)(i), 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: 10/24/96 954-420-0750						Street Address (P.O. Box Number is N/xt Acceptable)					9
10. I, being appointed the registered agent on the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. AmeriLawyer, Chartered Pele 10/24/96 AEGISTERES AGENT MUST SIGN Lawerence J. Spiegel, President 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No See other side for information on Intangible tax.) 12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807,0401 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)(i), 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: 10/24/96 954-420-0750	CORAL GABLES FL 33134					Suite, Apt. #, Etc.					
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SIGNATURE: YOU CAN ASSESS TO A SECOND TO A	this reli owed t	nstatement ap by the corpora	plication, the reason for disso tion have been paid and the n	lution has been ames of individ	eliminated, uals listed o	, the corporate on this form do	name satisfies not qualify for	s the requirements ran exemption un er oath.	s of section 607,0401 der section 119,07(3	or 617.0401, F.S.	., that all lees
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