

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078111

1. Corporation Name

CRYSTAL-DRY CARPET AND UPHOLSTERY CLEANING OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

9239 EMILY CIRCLE
LAKE WORTH FL 33467

9239 EMILY CIRCLE
LAKE WORTH FL 33467

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1995

5. FEI Number

65-0611554

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BONFANTE, CHARLES	9239 EMILY CIRCLE	LAKE WORTH FL 33467
D	BONFANTE, ALICE	9239 EMILY CIRCLE	LAKE WORTH FL 33467

400004678654-3
-11/14/01--01054--002
****150.00 ****150.00

8. Name and Address of Current Registered Agent

BONFANTE, CHARLES
9239 EMILY CIRCLE
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, 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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 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:

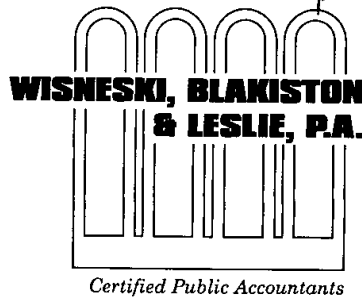
Charles Bonfante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-01

CR2E046 (9/01)



October 19, 2001

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Ref: Crystal Dry Carpet and Upholstery Cleaning of Palm Beach, Inc.
FEI 65-0611554
Document P95000078111

Dear Sir/Madam:

We are writing on behalf of our client, Crystal Dry Carpet, in response to their receipt of your reinstatement form for Florida corporations. Please be advised that Charles and Alice Bonfante, officers of the corporation, have not received either of the prior notices which required them to comply with your filings. As our client has religiously paid his tax bills of all nature, I am sure that this is an accurate statement on his part.

Therefore, we would like you to accept their check in the amount of \$150.00 as payment in full for the required filing, along with the completed reinstatement form, signed by our client.

Should you have any questions, please call me at (561) 747-2772.

Thank you,


Kathleen Graf Morrison
Bookkeeper

Enc: \$150.00 check payable to Florida Department of State
Reinstatement form
Cc: Charles and Alice Bonfante

HAAS BUILDING SUITE 600
1001 N. U.S. HIGHWAY ONE
JUPITER FLORIDA 33477
LOCAL 561/747-2772
TOLL FREE 800/747-2772
FAX 561/747-0094