

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094051

1. Corporation Name

Payless Carpet Cleaning, Inc.

2. Principal Office Address

16503 N.W. 77 Path

Suite, Apt. #, etc.

3. Mailing Office Address

16503 N.W. 77 Path

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33016

Country

FL

City & State

Miami Lakes, FL

Zip

33016

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida

12-11-95

5. FEI Number

650642851

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

Hector H. Mejia

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

16503 N.W. 77 Path

Suite, Apt. #, Etc.

600009024156

11/15/02-01055--026 *15 .75

City

Miami Lakes

State Zip Code

FL 33016

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

Hector H. Mejia

Date

11/12/02

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
PTS	Hector H. Mejia	16503 N.W. 77 Path	Miami Lakes FL 33016

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 under section 119.07(3)(l), 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

11/12/02

Date

305-819-9155

Daytime Phone #

CR2E081 (9/01)

g> 11/12

Payless Carpet Cleaning, Inc.
16503 N.W. 77 Path
Miami Lakes, Fl. 33016

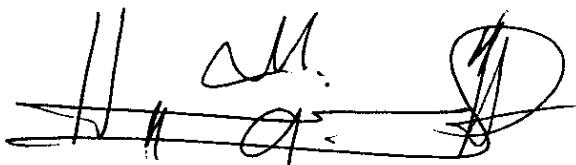
November 15, 2002

Florida Dept. of State
Division of Corporations
Tallahassee, Florida

To Whom It May Concern;

This letter is to inform you that my address of business changed this year. The Annual Report must have been mailed after the time I moved, therefore I did not receive it. I apologize for the incident. I would like to reinstate my corporation.

Sincerely,

A handwritten signature in black ink, appearing to read "Hector H. Mejia". The signature is somewhat stylized and includes a small circle to the right.

Hector H. Mejia,
President