

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 19 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000028198

1. Corporation Name

AMERICLEEN CARPET & RESTORATION, INC.

Principal Place of Business

Mailing Address

2060 N DONNELLY ST
MT DORA FL 32757

2060 N DONNELLY ST
MT DORA FL 32757

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

2. New Principal Office Address, If Applicable

10823 Margaret Dr.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10823 Margaret Dr.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

03/25/1996

5. FEI Number

59-3370624

Applied For

Not Applicable

City & State

TAVARES, FL

City & State

TAVARES FL

Zip

32778

Country

USA

Zip

32778

Country

USA

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	KERBY, SUSAN	10823 MARGARET DR	TAVARES FL 32778

8. Name and Address of Current Registered Agent

KERBY, SUSAN
10823 MARGARET DR
TAVARES FL 32778

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] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Susan Kerby

Date

11/16/98

Daytime Phone #

352-343-4306

②

November 16, 1998
10823 Margaret Drive
Tavares, FL 32778
(352) 343-4306

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Americleen Carpet & Restoration, Inc.

Dear Sir:

We just received notice that our corporation has been dissolved by the state of Florida due to failing to file our annual report.

Please note that we never received our annual report renewal form, but would **certainly** have responded promptly upon receipt.

Please reinstate our corporation and waive the penalty fees assessed. We are sending our payment of \$165.00 - the same amount as we paid for our 1997 filing.

Thank you for your kind consideration.

Sincerely,



Susan R. Kerby
President