PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	1 447	TOL HEAD A	ALE INSTITUC	TIONS DEI ONE (	- -		1•	
	PORATION STATEMENT		Secret	ARTMENT OF STATE tary of State F CORPORATIONS		FILES ON APR 29 AM SECRE MASSE TALLAHASSE	9:39	
DOCUMENT # P96000090298  1. Corporation Name						SECRE ASSE	. * `	
Warren	's Carpet Clear	ning, Inc.						
2. Principal Office Address 3.			3. Mailing Office Ad	3. Mailing Office Address		ongganang grapa a	į	
182 Brewer Circle			182 Brewer Circle		- Milita	Similanie	#41 B-	SL
Suite, Apt. #, etc.			Suite, Apt. #, etc.		1			
			-			acorporated or Qualified Business in Florida 10/31/1996		
-			City & State	e			Applied For	,—
Mary Esther, FL			Mary Esther, FL		59340906	57	Not Applica	_
<sup>Zip</sup> 32569	USA	•	<sup>Zip</sup> 32569	Country USA	6. CERTIFICATE	OF STATUS DESIRED S	3.75 Additional Fee req for a Certificate of Stat	
7. Name and Address of Current Registered Agent								
	Name Fleet, Bart/ Fleet, Spencer, Martin, & Kilpatrick, PA 700034542987							
	Street Address (P.O. Box Number is Not Acceptable) 1104 Eglin Pkwy							
	Suite, Apt. #, Etc.							
	City Shalimar					State Zip Code		
						1 6		a g
Signature of Registered	f	_		am familiar with and accept the o	obligations of section	on 607.0505 or 617.0503, F	.s.	CB2E081 (01/04
		RE	GISTERED AGENT M	JST SIGN				
9. Names	and Street Addresse	s of Each Officer and	l/or Director (Florida no	nprofit corporations must list at l	······································	<del></del>		_
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
0	Rust, Warren		182	182 Brewer Circle		Mary Esther, FL 32569		
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	<u> </u>				<del>.</del>			
this reli owed b	nstatement application by the corporation hav	n, the reason for diss re been paid and the	olution has been elimina names of individuals list	ed to execute this application as ated, the corporate name satisfie ed on this form do not qualify for same legat effect as if made und	s the requirements an exemption und	of section 607.0401 or 617	.0401, F.S., that all fees	
SIGNA		RE AND TYPED OR PR	INTED NAME OF SIGNING	OFFICER OR DIRECTOR	4-26	-ou 850-2	- ベベー 2502 Paytime Phone #	

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