

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103568

1. Corporation Name

VAN'S CARPET CARE, INC.

Principal Place of Business

Mailing Address

14916 22ND RD. N.
LOXAHATCHEE FL 33470

14916 22ND RD. N.
LOXAHATCHEE FL 33470

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

12/20/1996

5. FEI Number

65-0725047

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	VAN LENTEN, RICHARD	14916 22ND RD. N.	LOXAHATCHEE FL 33470
			400027902654 01/30/04--01003--020 **150.00
			400027902654 04/13/04--01018--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VAN LENTEN, RICHARD
14916 22ND RD. N.
LOXAHATCHEE FL 33470

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. or 617.0505, F.S.

Signature of
Registered Agent

Rich Van Lenten

REGISTERED AGENT MUST SIGN

Date 1-20-04

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:

Rich Van Lenten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-20-04

Daytime Phone #

Stel 272-2399

FILED

04 APR 14 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0304

CR20040 (7/03)

**Van's
Carpet
Care**

Family Business • Two Generations

P. O. Box 2951
DeFray Beach, Florida 33447
Phone: (561) 272-2399
Fax: (561) 792-6574

1-20-04

Florida Department of State,

I am asking for the reinstatement fee to
be waived. I did not receive a uniform

business report -- like the five years prior.

My current address is the same as years
prior. I have always filed this in
a timely manner and I am asking
you to please bring this corporation
to a active status. Thank you
in advance.

Richard Van Lenteren

Richard Van Lenteren - owner