

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000014044

1. Corporation Name

DIAMOND CARPET CARE, INC.

Principal Place of Business

10545 PARKWAY DRIVE
CLERMONT FL 34711

Mailing Address

10545 PARKWAY DRIVE
CLERMONT FL 34711

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

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Office Address, If Applicable

SAME

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1998

5. FEI Number

59-3507745

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
1	2	3	4
PD	CROWLEY, JAMES X	10545 PARKWAY DRIVE	CLERMONT FL 34711

500003523715--0
-01/04/01--01094--010
****758.75 ****758.75

8. Name and Address of Current Registered Agent

CROWLEY, KEVIN X
% PENNINGTON MOORE WILKINSON BELL & DUNBAR
215 SOUTH MONROE STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

SAME

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

REGISTERED AGENT MUST SIGN

Date 120500

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 included 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

Date

120500

Daytime Phone #

352 241-8119