	•	FLEASE	READ A	ALL INST	RUCTI	IOŅS B	SEFORE C	COMPLETI	NG THIS FO	PM.	
	PLICAT FOR STATE	(E				E. Hoo ry of Sta	te	i	FILE 04 JAN -2	**************************************	
DOCUMENT # P98000068086 1. Corporation Name								SECRETARY C TALLAHASSEE	F STATE FLORIDA		
BEYON	ND 2,000	CARPE	T CARE	, INC.							
Principal Place of Business Maili					Mailing Address					. 66:10 6:101 :0:11 6611	NI 18118 WILL ESS
443 LONGWOOD CIR LONGWOOD FL 32750			443 LONGWOOD CIR LONGWOOD FL 32750				REINSTATEMENT 03-04				
If above a	addresses are	incorrect in any	way, line thro	ough incorrect i	กformation a	and enter co	rrection below.	REIN	STATER	ieni_	53-01
New Principal Office Address, If Applicable				New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 07/31/1998			
Suite, Apt. #, etc. City & State				Suite, Apt. #, etc. City & State				5. FEI Number	5. FEI Number Applied For Not Applicat		
Zip Country				Zip Country				<u> </u>	OF STATUS DESIRED		ional Fee required
7. Names Title(s)	nes and Street Addresses of Each Officer and/or Name of Officers and/or Directors				r Director (Florida nonprofit corpora Stre 3			<u></u>	City / State / Zip		
Р	MEJIA, ANGEL			443 LONGWOOI			CIR		LONGWOOD FL 32750		
-			47		}						
								4 0 12/26/	002577 03-01097-	*9444 814 **300),00
			·	<u></u>						-	
8. Name and Address of Current Registered Agent Name								9. Name and	Address of New Reg	istered Agent	
MEJIA, ANGEL 443 LONGWOOD CIR.							Street Address (P.O. Box Number is Not Acceptable)				
LONGWOOD FL 32750							Suite, Apt. #, Etc.				
				<u>-</u>			City			State Zip Co	ode
10. I, being	g appointed the	e registered ag	ent of the abo	ve named corp	oration, am f	familiar with	and accept the c	obligations of Secti	on 607.0505, F.S. or	617.0505, F.S.	
Signature of Registered		<u> </u>	<u>ame</u>	Sylva GISTERED A) RE		IR RID		Date	12/9/03	

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

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SIGNAFIA REQUIRED

SIGNAFIA SIGNING OFFICER OR DIRECTOR

12/9/03

(407)509-1190

BEYOND 2000 CARPET CARE, INC.

443 Longwood Circle Longwood, FL 32750

December 9, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32399

Re: Administrative Dissolution for Annual Report

Dear Sir or Madame:

Recently we became aware that our corporation had been administratively dissolved for annual report on 19 September 2003. Since we knew we had filed our annual report on a timely basis as we do every year we looked into this matter in quite some detail. Our review disclosed that we mailed our annual report on 10 March 2003 along with check number 1144 (see attachment number 1). However, a review of our bank statements during the period of March through September 2003 disclosed that check number 1144 had never been paid by the bank. Therefore, we have concluded that the 2003 Uniform Business Report along with our check number 1144 was lost in the mail. To show that this check had in fact been written and mailed we are also providing a copy of our bank reconciliation reports for the months of March through September 2003where check number 1144 appears as unpaid (see attachment 2).

Based on the facts set forth above and the documentation submitted we respectfully request waiver of the penalty of \$600 and submit \$150 that provides for the reinstatement of BEYOND 2000 CARPET CARE, INC.

Very truly yours,

Angel Mejia, President
Beyond 2000 Carpet Care, Inc.