

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 25 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000076461**

1. Corporation Name

ALL CARPET CARE

300003631229--7

-02/02/01--01108--013

****300.00 ****300.00

2. Principal Office Address

3. Mailing Office Address

9781 S. Orange Blossom P.O. Box 1493

Suite, Apt. #, etc.

Trail

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Windermere, Florida

Zip

Country

32837

U.S.A.

Zip

Country

34786

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-088-1309

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALL CARPET CARE (TODD SCHNELL)

Street Address (P.O. Box Number is Not Acceptable)

9781 S. Orange Blossom Trail

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Todd Schnell

Date **1-24-01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TODD SCHNELL	P.O. Box 1493	Windermere, FL 34786
T	Annette SCHNELL	P.O. Box 1493	Windermere, FL 34786
S	Annette SCHNELL	P.O. Box 1493	Windermere, FL 34786

10. 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:

Annette Schnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNETTE SCHNELL

1-24-01

Date

407-758-5158

Daytime Phone #