PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	FLORIDA DEPARTMENT OF S Secretary of State	TATE	FILED 06 JUL 25 AH 8: 23	192	
DOCUMENT # P990000 96290				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Ang	el Carpet & Upho	stery Cleaners, Inc				
			I FINS	TATEMENT	04-06	
2. Principal Office Address 32240 N. Whitney Rd.		3. Malling Office Address 32240 N. Whitney A		. 0		
		Suite, Apt. #, etc.	4. Date Incom	Incorporated or Qualified		
city & State City		ty & State Leesburg FL 5. FEI NI		iness in Florida /999 01	Applied For Not Applicable	
Zip 3471	country 18 Lake	Zip Country 34748 Lake	6. CERTIFICATI			
7. Name and Address of Current Registered Agent						
Name Anna Carr Street Address (P.O. Box Number is Not Acceptable) 32240 N. Whithey Rd Sulte, Apt. #, Etc. City Leesburg State Zip Code FL 34748						
8. I being	···	ve named composition, am familier with and acc	ent the obligations of secti			
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 MAD AGENT MUST SIGN Date 07-18-06						
9. Names	and Street Addresses of Each Officer and	Vor Director (Fiorida nonprofit corporations mus	st list at least 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
ρ	Louann Ehrhart	32240 N W	32240 N. Whitney Pd		Leesburg, FL 34748	
VP	Anthony Carr	32240 N. W	32240 N. Whitney Rd		Lessburg, Fl 34748	
S/T	Anna Carr	32240 N.W	32240 N. Whitney Rd		Leisburg, FL 34748	
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			9871	5/205==0.0051 ==0.005 · •	7450.100	
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 filling 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 contained in Chapter 119, 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 eath.						
SIGNATURE: MMaM Cann - Annam Carr 07-18-06 352-516-1628 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #						

July 18, 2006

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To whom it may concern,

My grandmother was doing all of our paperwork, before she got ill. I picked everything up from her place and took it an accountant to help me. In the process of her helping me get everything straighten out, we discovered that the 2004 corporate packet was never received and we could not find anything for 2005 and 2006. I spoke to one of the operators and she informed me of the form that I filled out, this letter and a money order for \$450.00.

If you have and question please call me-352.516.1628

Thank you for your patients

Anna Carr,

Angel carpet and upholstery cleaners, inc