

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -1 PM 12: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V04483**

1. Corporation Name

**HOME DRAPERY CARPET CLEANING, INC.**

Principal Place of Business

Mailing Address

5867 S.W. 21ST STREET  
HOLLYWOOD FL 33023

5867 S.W. 21ST STREET  
HOLLYWOOD FL 33023

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

01/08/1992

5. FEI Number

58-2062657

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
PST	SIEGEL, EDNA	11118 MAINSAIL DRIVE	COOPER CITY FL
VD	SIEGEL, EDNA	11118 MAINSAIL DRIVE	COOPER CITY FL

8. Name and Address of Current Registered Agent

ROTHLEIN, JAY  
930 WASHINGTON AVE  
2ND FLOOR  
MIAMI BCH FL 33139

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

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**MAZER AND ASSOCIATES, C.P.A.'s**  
6100 GLADES ROAD SUITE 310  
BOCA RATON, FLORIDA 33434  
(561) 451-9550 FAX (561) 451-9557

**M E M O**

DATE: OCTOBER 27, 1999

TO: DEPARTMENT OF STATE

FAX #:

FROM: ANGELA JOHNSON

RE: HOME DRAPERY CARPET CLEANING, INC.

PER OUR CONVERSATION, ENCLOSED PLEASE FIND A COPY OF CANCELLED CHECK #1995 IN THE AMOUNT OF \$150. THIS CHECK WAS SUMMITTED TIMELY, AS REMITTANCE FOR THE ANNUAL REPORT FILING FEE. ALSO ENCLOSED, PLEASE FIND THE SIGNED APPLICATION FOR REINSTATEMENT. PLEASE REINSTATE THIS CORPORATION ACCORDINGLY AND FORWARD CONFIRMATION OF THIS ACTION.

THANK YOU,  
ANGELA JOHNSON, CPA  
TAX MANAGER