PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE STATEMENT OF CELEGRATIONS

01 MAY 14 PH 12: 55

DOCUMENT # V04829

CHRISTIAN CARPET CLEANING, INC.

2. Principal Office a	Address ling Lane	3. Mailing Office /	Address 50847	REINSTATEMEN	93-01
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 1–8–92	
Neptune Beach, FL Zip Country 32266 USA		City & State Jacksonville Beach, FL Zip Country 32240 USA		5. FEI Number Applied For S9-3100177 Not Applied For Not Applied For CERTIFICATE OF STATUS DESIRED XX \$8.75 Additional Fee requirements for a Certificate of Status	
Name			and Address of Current Reg	5-100 Page 1 4 7 6 24 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	for a Certificate of Status

Name	
Bill Gunsch	
Street Address (P.O. Box Number is Not Acceptable) 1513 Landing Lane	10000441685 -06/13/0101009-
Suite, Apt. #, Etc.	***1958.75 ***1
City	State Zip Code
Neptune Beach	FL 32266

👢 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 Bell

REGISTERED AGENT MUST S

Date May 8, 2001

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/S/T/D	BILL GUNSCH	1513 Landing Lane	Neptune Beach, FL 32266
	1800. Adm		
Λ	425-AR.		
X	88.75-ARTIPP 8.75-Cut		
\$	8.75- Cut		AD
استنسا			

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 8, 2001

(904) 241-7686

Date

Davtime Phone #

CR2E081 (9/00