

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 OCT 21 AM 9:24

DOCUMENT # **V44557**

1. Corporation Name  
**Webb's Carpet Care, Inc.**

Principal Place of Business	Mailing Address
1515 Mallard Landing Blvd Jacksonville, FL 32259	445-26 State Road 13 N PMB 302 Jacksonville, FL 32259

**REINSTATEMENT 96-99**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>1515 Mallard Landing Blvd</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>445-26 State Rd 13 N</b> Suite, Apt. #, etc. <b>PMB 302</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>07/01/92</b>	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		5. FEI Number <b>59-3130556</b>	
Zip <b>32259</b>	Country <b>USA</b>	Zip <b>32259</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75</b> 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	Charles M. Webb	1515 Mallard Landing Blvd	Jacksonville, FL 32259
T/S/D	Rhonda E. Webb	1515 Mallard Landing Blvd	Jacksonville, FL 32259
			100003031461--0 -11/01/99--01128--018 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
J.J. Luckey 1307 HWY 441 Hillside Center Alachua, FL 32615		Name <b>Charles M. Webb</b> Street Address (P.O. Box Number is Not Acceptable) <b>1515 Mallard Landing Blvd</b> Suite, Apt. #, Etc.	
		City <b>Jacksonville</b>	State <b>FL</b>
		Zip Code <b>32259</b>	

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: *Charles M. Webb* REGISTERED AGENT MUST SIGN Date: **8/26/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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)(l), 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: *Charles M. Webb* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **8/26/99** (904)287-5907 Daytime Phone #

CR2E081 (12/98)