

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

**APPLICATION
 FOR
 REINSTATEMENT**

DOCUMENT # V44557

1. Corporation Name

WEBB'S CARPET CARE INC.

Principal Place of Business

1515 MALLARD LANDING BLVD
 JACKSONVILLE FL 32259

Mailing Address

1515 MALLARD LANDING BLVD
 JACKSONVILLE FL 32259

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/18/1992

5. FEI Number

59-3130556

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
PD	WEBB, CHARLES M	1515 MALLARD LANDING BLVD	JACKSONVILLE FL 32259
TSD	WEBB, RHONDA E	1515 MALLARD LANDING BLVD	JACKSONVILLE FL 32259

[Handwritten Signature]

900023971089
 10/21/03--01072--002 **750.00

8. Name and Address of Current Registered Agent

WEBB, CHARLES M
 1515 MALLARD LANDING BLVD
 JACKSONVILLE FL 32259

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. or 617.0505, F.S.

Signature of Registered Agent *[Handwritten Signature]*
 REGISTERED AGENT MUST SIGN

Date 10/13/03

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 *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/13/03 Daytime Phone # 904-287-5907

FILED
 03 OCT 21 AM 9:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)