PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS 1. Corporation Name							PILEU PISION OF CORPORATION 99 OCT 18 PH 12: 19			
CARPE	ET CLE	ANERS	PLUS, IN	C.						
Principal Place of Business 1021 SE 8TH TERR STE. 4A CAPE CORAL FL 33990 US				Mailing Address 1021 SE 8TH TERR STE. 4A CAPE CORAL FL 33990 US						
If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							Date Incorporated or Qualified To Do Business in Florids 07/02/1992			
Suite, Apt. #, etc.				Sulte, Apt. #, etc.			5. FEI Number Applied For			
City & State Zip Country				City & State Zip Country			65-0353316 Not Applicable 6. \$8.75 Additional Fee required			
				or Director (Florida nonprofit corporations must list at k			CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
Title(s)	Name of Officers and/or Directors 3					Street Address of Ea Officer and/or Direct	ch	and the second of the second o		
PSD				1021 SE 8TH TERR #4A			CAPE CORAL FL			
							8000030244587 -10/25/9901135017 ****150.00 ****150.00			I
								4	1 10/18	_
	9 Nam	and Addr	ass of Current l	Panietarad Ans	l not		Q Name and	Address of New Register	red Agent	_
8. Name and Address of Current Registered Agent Name VAN CLEVE, JEFFREY B						(P.O. Box Number is Not Acceptable)				
1021 SE 8TH TERR #4A										
CAPE CORAL FL 33990						City	00101741.77, 200			
10. I, being	appointed #	e-∢egistereµ	ageni of the abo	ve named copp	oration, am f	amiliar with and accept the	obligations of Sec		FL	_
Signature of Registered	Agent (X		y RE	STERED AG	ENT MUST	SIĞN		Date		
this rein	statement ap	plication, the ion have be	reason for disso on paid and the r	ilution has been names of Individ	eliminated, uals listed o	the corporate name satisfic	es the requirement or an exemption ur	s of section 607.0401 or 6	rther certify that when filing 17:0401, F.S., that all fees F.S. The information indicate	
SIGNAT	rure: 🔏	OTURE A	Confe or Fri	NTED NAME OF E	A J	ICER OR DIRECTOR		Date	Daytime Phone #	



Cossentino & Orlando

Accountants 1402 Cape Coral Parkway Cape Coral, Florida 33904 (941) 945-4939 Fax (941) 945-4938

October 13, 1999

Dept. of State Div. of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Carpet Cleaners Plus, Inc. V47688

Problems of the problems of th

Dear Sean Toner:

I am the new accountant for the above mentioned client. Earlier this year, Mr. Van Cleve was using another accountant. In February of 1999 Mr. Van Cleve made out a check for \$150.00 to the Dept. of State to pay for the 1999 Annual Filing Fee. His accountant said that he would mail it out for him because he wanted to make proper copies of the form and check. Mr. Van Cleve assumed that all was taken care of.

Shortly thereafter I became the accountant for Carpet Cleaners Plus, Inc. after he had differences with his prior accountant. We have now recieved this reinstatement application and we're very supprised and annoyed. Apparently, the check and form were never mailed out. As you can see, in prior years all returns were filed timely.

We are now enclosing a check for \$150.00 for the 1999 year. It would greatly be appreciated if all penalties be abated due to no fault of the taxpayer. A \$600.00 reinstatement fee would be a major hardship at this point, since this was not done purposely, along with the client thinking that the 1999 form & check was mailed out on time. Please accept my clients sincerity in this matter.

If you should have any questions, pleas feel free to contact me.

Thank ou

Falvatore Cossentino

SC/db enc.