

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 JAN -6 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J57936

1. Corporation Name
Bio-Chem Cleaning Service, Inc.

200003095712--8

-01/12/00--01037--001

****608.75 ****608.75

2. Principal Office Address

2425 Millcreek Court

Suite, Apt. #, etc.

Suite 1

City & State

Tallahassee, FL

Zip

32308

Country

LEON

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-1-87

5. FEI Number

59-2808365

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sandra R. Thompson

Street Address (P.O. Box Number is Not Acceptable)

2425 Millcreek Court

Suite, Apt. #, Etc.

Suite 1

City

Tallahassee

State

FL

Zip Code

32308

8. 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

REGISTERED AGENT MUST SIGN

Date

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
<i>Pres</i>	<i>Sandra R. Thompson</i>	<i>2425 Millcreek Court</i>	<i>Tallahassee, FL 32308</i>
<i>V Pres</i>	<i>Raymond B. Thompson</i>	<i>2425 Millcreek Court</i>	<i>Tallahassee, FL 32308</i>
<i>Sec</i>	<i>Sandra R. Thompson</i>	<i>2425 Millcreek Court</i>	<i>Tallahassee, FL 32308</i>

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

Date

Daytime Phone #

1-6-2000 850-422-1264