

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

92 JUN -2 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 650139

1. Corporation Name

CLEAN LINE JANITORIAL, INC.

Principal Place of Business

Mailing Address

967 E. SEMORAN BLVD.

P. O. BOX 1556

ALTAMONTE SPRINGS, FL 32715 ALTAMONTE SPRINGS, FL 32715-1556

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/4/80

5. FEI Number

59-1596317

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P D	BERTA BOLIVAR	923 POPLAR DRIVE	ALTAMONTE SPRINGS, FL 32714

300002902059--2  
--06/11/99--01062--006  
\*\*\*2473.75 \*\*\*2473.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OSCAR BOLIVAR

923 POPLAR DRIVE

ALTAMONTE SPRINGS, FL 32714

Name

BERTA BOLIVAR

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

923 POPLAR DRIVE

Suite, Apt. #, Etc.

ALTAMONTE SPRINGS,

City

FLORIDA

State  
FL

Zip Code  
32714

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

Berta Bolivar

REGISTERED AGENT MUST SIGN

Date

5/27/99

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 taxes 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:

Berta Bolivar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/99

Date

407-788-1865

Daytime Phone #

CR2E081 (12/98)