

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F98000001090

1. Corporation Name

CLEANEVENT INTERNATIONAL, INC.

Principal Place of Business

1251 MARIETTA BLVD
ATLANTA GA 30318
US

Mailing Address

1251 MARIETTA BLVD
ATLANTA GA 30318
US

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

2. New Principal Office Address, If Applicable

8350 Parkline Blvd

Suite, Apt. #, etc.

Suite 100

City & State

Orlando, FL

Zip

32809

Country

Orange

3. New Mailing Office Address, If Applicable

8350 Parkline Blvd

Suite, Apt. #, etc.

Suite 100

City & State

Orlando, FL

Zip

32809

Country

Orange

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1998

5. FEI Number

58-2308599

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CD	LOVETT, CRAIG W	7 LAUREL GROVE	BLACKBURN 3130 AUSTRALIA
VD	LETHLEAN, LINTON R	213 FLEMINGTON RD	NORTH MELBOURNE AUSTRALIA
PD	LOVETT, PAUL R	8599 SUMMERVILLE PL	ORLANDO FL 32819
			04/04/03--01049--006 **158.75
			000014104060 03/17/03--01005--011 **750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

3/3/03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-27-03

Daytime Phone #

CR2ED40 (9/02)