

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **G59910**

1. Corporation Name

SUBURBAN CLEANERS, INC.

Principal Place of Business

% JOHN EVERSON
2132 SW 34TH ST
GAINESVILLE FL 32608-1204

Mailing Address

% JOHN EVERSON

~~2132 SW 34TH ST~~
~~GAINESVILLE FL 32608-1204~~

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

402 N.W. 13TH ST.
Gainesville, Fla.
32601 USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/1983

5. FEI Number

59-2319372

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	EVERSON, JOHN W	3755 NW 56TH LANE	GAINESVILLE FL
			200002548172-0
			-06/04/98--01096--016
			***1058.75 ***1058.75

REINSTATEMENT

96-98

5-29-98

8. Name and Address of Current Registered Agent

EVERSON, JOHN
2132 SW 34TH ST
GAINESVILLE FL 32601

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.

Signature of
Registered Agent

John W. Everson
REGISTERED AGENT MUST SIGN

Date

5/15/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 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:

John W. Everson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. EVERSON

Date

Daytime Phone #

5/15/98 (352) 376-8354

CR2E040 (7/96)