

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 13 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K15278

1. Corporation Name

CLEANING HOST, INC.

Principal Place of Business

5967 BONITA RD
5555 ANN ARBOR DR
BOKEELIA FL 33922
US

Mailing Address

596 BONITA RD
5555 ANN ARBOR DR
BOKEELIA FL 33922
US

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

02/12/1988

5. FEI Number

65-0029972

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 3	City / State / Zip 4
PD	OSTRANDER, FRANCES A.	5967 BONITA RD	BOKEELIA FL 33922

500003487825-1
-12/05/00--01075--003
*****150.00 *****150.00

LS

8. Name and Address of Current Registered Agent

OSTRANDER, FRANCES A.
5967 BONITA RD
BOKEELIA FL 33922

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

Frances A. Ostrander

Date

11/7/00

REGISTERED AGENT MUST SIGN

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:

Frances A. Ostrander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/00

Daytime Phone #

CR2E040 (8/00)



"Your Carpet doesn't have to be
a Bear to Clean."

K15278

FRAN OSTRANDER

"Complete Cleaning Service"

Licensed & Insured

#882470

5967 Bonita Road, Bokeelia, FL33922

941-283-2667



10/17/00

Florida Dept of State
Katherine Harris
Sec of State
Div of Cont

Ms Harris,

I received this notice yesterday, I checked
my checkbook and cannot find where I paid you.
I called my accountant and he did not have my form
in his file in error. As I have been incorporated
now for 12 years and always paid it on time as, as
soon as I get it I mail it in I never wait till
May. I looked in all my files and cannot find it.
The only thing I come up with is I never got the
form. As I managed to get it paid 4 years ago
when my husband left and I was a wreck I feel
that the only answer is I never got the form.
So I called your office and the young lady said
that happens to about 800 people a year so I should
write and send \$150.00 So that's what I am doing.
If it is not acceptable I guess I'll be unincorporated
& I'm a one person business and I have not got
150.00. So I will wait to hear from you.
Thanking you in Advance.

Frances A Ostrander