

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY -5 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02063**

1. Corporation Name

PROPER MAINTENANCE, INC.

2. Principal Office Address

15033 SW 142 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

USA

3. Mailing Office Address

15033 SW 142 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/14/89

5. FEI Number

65-0140810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

FRANK IANNUZZI

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

15033 SW 142 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

Frank Iannuzzi
REGISTERED AGENT MUST SIGN

Date

5-1-03

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
P.D.	FRANK IANNUZZI -	15033 SW 142 CT	MIAMI, FL 33186

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:

Frank Iannuzzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-03 305-256-1926

Daytime Phone #

CR2E081 (10/02)

PROPER MAINTENANCE

15033 SW 142 CT. MIAMI, FL. 33186
PH: 305 256-1936



Dear Department of State I did not
Recieve my Reinstatement Form in the mail.
If I did it would have been payed please
Accept this check for my Corporation of Reinstatement

Thank You

Frank J. Janning

owner Proper Maintenance

P.S: I Spoke To A lady by the name of
MARGUETTA she told me To wright letter and
send check for \$300.00 Dollars.