

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 22 AM 9:58

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 77-00-004821-93-1

1. Corporation Name

L04000005816

Crystal Clean Property Management

2. Principal Office Address

4804 Happyhill Road

Suite, Apt. #, etc.

3. Mailing Office Address

4804 Happyhill Road

Suite, Apt. #, etc.

City & State

Ebro, Florida

City & State

Ebro, FL

Zip

32437

Country

Washington

Zip

32437

Country

Washington

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1/27/03

5. FEI Number

20-0633182

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

Lillie M. Bell

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

4804 Happyhill Road

Suite, Apt. #, Etc.

City

Ebro

State

FL

Zip Code

32437

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

Lillie M. Bell

REGISTERED AGENT MUST SIGN

Date 8-18-06

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
MGR	Lillie M. Bell	4804 Happyhill Road	Ebro, FL 32437

500079215345
08/29/06--01023--003 **200.00

REINSTATEMENT 05-06

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 contained in Chapter 119, 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:

Lillie M. Bell Lillie M. Bell 6-7-06 (850) 596 4372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #