

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005594

1. Corporation Name

VICKIE'S CLEANING SERVICE, INC.

Principal Place of Business

11771 AMANDA LANE
BONITA SPRINGS FL 34135

Mailing Address

11771 AMANDA LANE
BONITA SPRINGS FL 34135

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2000

5. FEI Number

59-3619927

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	SCHRAUFNAGL, VICKIE L	11771 AMANDA LANE	BONITA SPRINGS FL 34135

8. Name and Address of Current Registered Agent

SCHRAUFNAGL, VICKIE
11771 AMANDA LANE
BONITA SPRINGS FL 34135

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

Date

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-02 239-992
7060

CR2E040 (8/02)

To Whom it may concern.

I called on October 22nd and
talked with Michelle. I never
received the UBR. So I am
enclosing my check for the
amount of \$150.⁰⁰

Thank - you

Yule L. Selby
President