

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P00000010329**

1. Corporation Name

**DE LEON CLEANING CONTRACTORS & FLOOR RESTORATION, INC.**

Principal Place of Business

~~2252 NW 29TH STREET~~  
~~OAKLAND PARK FL 33305~~

Mailing Address

~~2252 NW 29TH STREET~~  
~~OAKLAND PARK FL 33305~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**2204 NW 29th Street**

Suite, Apt. #, etc.

City & State

**Oakland Park FL 33305**

Zip

**33305**

Country

**USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**01/31/2000**

5. FEI Number

**65-1001627**

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	City / State / Zip
DP	DELEON, JUAN	<del>2252 NW 29TH STREET</del> <b>2204 NW 29th Street</b>	<b>OAKLAND PARK FL 33305</b>

**000004669090--5**

**-11/06/01--01059--005**

**\*\*\*750.00 \*\*\*750.00**

8. Name and Address of Current Registered Agent

**DELEON, JUAN**  
**2252 NW 29TH STREET**  
**OAKLAND PARK FL 33305**

9. Name and Address of New Registered Agent

Name

**De Leon Juan**

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

**2204 NW 29th Street**

Suite, Apt. #, Etc.

City

**Oakland Park**

State

**FL**

Zip Code

**33311**

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

*[Signature of Juan De Leon]*

REGISTERED AGENT MUST SIGN

Date **10/15/01**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #