#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Jim Smith

#### P00000029378 **DOCUMENT #**

1. Corporation Name

AAC CLEANING SPECIALISTS, INC.

Principal Place of Business

2375 OAKWIND CT.

ST. CLOUD FL 34772

SIGNATURE:

Mailing Address

2375 OAKWIND CT.

ST. CLOUD FL 34772

## FILED

02 OCT 28 AM 8: 32

SECRETARY OF STATE FALLAHASSEE, FLORIDA

Parenc. Murray 10-23-02 407.957-1070



If above addresses are incorrect in any way, line through incorrect  2. New Principal Office Address, If Applicable  3. New Ma  Suite, Apt. #, etc.  Suite, Apt. #				iling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     03/17/2000		
City & State				City & State		5. FEI Numb	<sup>er</sup> 59-3634271	Applied For Not Applicable
Zip	Coun	try	Zip	C	Country	- 6. CERTIFICAT	TE OF STATUS DESIRED ( ) \$8	.75 Additional Fee require for a Certificate of Status
7. Names	and Street Addresses	of Each Officer an	d/or Director (FI	orida nonprofit co	orporations must list at le	east 3 directors)		io. o orinidate or otatas
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		ch	City / State / Zip		
D	CANALS, RUBEN A		32 WHITE MARSH CIRCLE			ORLANDO FL 32824		
D	MURRAY, WARREN C			2375 OAKWIND CT.		<u> </u>	ST. CLOUD FL 34772	
						00 10/28/	00086387 0201136005	<b>80</b> **150.00
<del></del>								
<del>~</del>		<del></del>						
	8. Name and A	ddress of Curren	t Registered Ag	ent	Γ	9. Name and	Address of New Registered	Agent
MURRAY, WARREN C					Name Street Address (	,		ngent
ST. CLOUD FL 34772					Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
					City		State	Zip Code
<ol> <li>I, being</li> <li>Gignature of Registered</li> </ol>	$\mathcal{M}_{i}$	ed agent of the ab	ove named corp	pration, am famili	ar with and accept the c	obligations of Secti	ion 607.0505, F.S. or 617.050	

11. I certify that I am an office 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State Division of Corporations

AAC Cleaning Specialists Inc received no prior notice of corporation being dissolved/revoked. The first and only notice was received 10-22-02.

Thank You,

AAC Cleaning Specialists Inc

Warren C Murray

Marien C.

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