

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 30 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000036967

1. Corporation Name

W.O.W. Express Cleaning Services, Inc.

2. Principal Office Address

12164 Pepperdine Place

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32826

Country

United States

3. Mailing Office Address

Same as Principle Office

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/2000

5. FEI Number

59-3638052

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
Jacqueline Y. Thompson

Street Address (P.O. Box Number is Not Acceptable)
12164 Pepperdine Place

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32826

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0563, F.S.

Signature of
Registered Agent

Jacqueline Y. Thompson
REGISTERED AGENT MUST SIGN

Date January 17, 2003

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 |
|--------|--------------------------------------|---|--------------------|
| D/P | Roderick D. Thompson | 12164 Pepperdine Place | Orlando, FL 32826 |
| D/P | Jacqueline Y. Thompson | 12164 Pepperdine Place | Orlando, FL 32826 |
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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:

Jacqueline Y. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline Y. Thompson

11-17-2003 (407) 617-6468

Date

Daytime Phone #

CR2E081 (10/02)

2/1/31