

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 10 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P00000042226

1. Corporation Name

G & R CLEANING CORP.!

800005598318--5
-05/22/02--01059--036
****908.75 ****908.75

2. Principal Office Address

768 Silverwoods Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

P/H

Suite, Apt. #, etc.

City & State

Lake Mary Fl., 32746

City & State

Zip

32746

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3641078

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 Luz E, Gallego 768 Silverwoods Dr., Fl 32746

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

768 Silverwoods Drive

Suite, Apt. #, Etc.

P/H

City Lake Mary

State
FL

Zip Code
32746

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-30-02

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
Pre	Luz E. Gallego	768 Silverwoods Dr	Lake Mary Fl 32746
Sec	Andrea Gallego	Same as above	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

407.328.4800

Daytime Phone #

CR2E081 (9/01)