

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000052588

1. Corporation Name

EXTERIOR MAINTENANCE SERVICES, INC.

Principal Place of Business

5061 SPIRAL WAY
ST. CLOUD FL 34771

Mailing Address

5061 SPIRAL WAY
ST. CLOUD FL 34771

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/2000

5. FEI Number

59-3657721

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

02 JUN 14 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

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	SMITH, MORGAN S	5061 SPIRAL WAY	ST. CLOUD FL 34771 900005974779--1 06/25/02--01056--021 ****300.00 ****300.00
			201.25 - AR
			10.00 - AR AR TS
			88.75 - AR sup

8. Name and Address of Current Registered Agent

SMITH, MORGAN S
5061 SPIRAL WAY
ST. CLOUD FL 34771

9. Name and Address of New Registered Agent

Name
900005974779--1
Street Address (P.O. Box Number is Not Acceptable)
06/25/02--01056--021
****600.00 ****600.00
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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

06-03-02

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

MORGAN S. SMITH

Date

06-03-02
407-842-8278

CR2E040 (8/01)