PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APRLICATION **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

Mailing Address

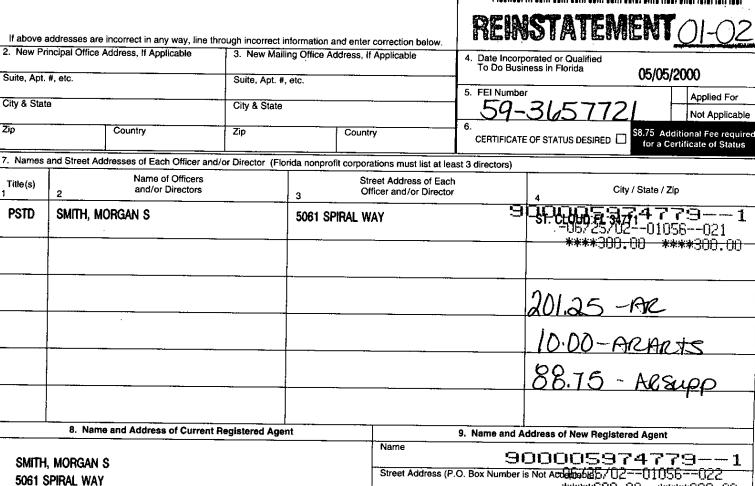
5061 SPIRAL WAY ST. CLOUD FL 34771 5061 SPIRAL WAY

ST. CLOUD FL 34771

FILED

02 JUN 14 AM 11:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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

ST. CLOUD FL 34771

REGISTERED AGENT MUST SIGN

06-03-02

State

****600.00

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.

Suite, Apt. #, Etc.

City

****600.00

Zip Code