

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000086707

1. Corporation Name

SWISS TEAM CLEANING INC.

Principal Place of Business

4001 SANTA BARBARA BLVD., SUITE 221
NAPLES FL 34104

Mailing Address

4001 SANTA BARBARA BLVD., SUITE 221
NAPLES FL 34104

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

09/11/2000

5. FEI Number

52-2274780

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SANTOS, CHRISTOPHER	4001 SANTA BARBARA BLVD., SUITE	NAPLES FL 34104

8. Name and Address of Current Registered Agent

RIVERA, FABIOLA
7715 TARA CIRCLE #108
NAPLES FL 34104

9. Name and Address of New Registered Agent

Name

DAN EDWARDS

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

40TH TERR. SW

Suite, Apt. #, Etc.

1842

City

NAPLES

State

FL

Zip Code

34116

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/04/02

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

Date

11/04/02 239-8258614

Daytime Phone #

CR2E040 (8/02)

payroll

ALPHA ACCOUNTING SERVICES, INC.
1842 40TH TERRACE SW
NAPLES, FL. 34116
TEL: 239-455-3047, FAX: 239-455-5133

November 4, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Re: Swiss Team Cleaning, Inc
Document # P00000086707

I refer to your letter dated 10/22/2002, in respect of the above relating to the dissolution of the corporation.

Please note that our client informed me that he did not receive original form to renew the corporation because he changed his address during the year 2002 and the mail forwarding system did not forward the renewal form to his new address.

He has now informed the office of his new address and we now enclose a check in the sum of \$150.00 for the renewal fees.

Therefore, we would be grateful if could waive the late charges. Your usual kind attention will be greatly appreciated.

Yours truly,


D.M. EDWARDS
ACCOUNTANT