

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000017523**

1. Corporation Name

BIZCLEAN OF SOUTH FLORIDA, INC.

Principal Place of Business

6701 NW 62 ST.
TAMARAC FL 33321

Mailing Address

6701 NW 62 ST.
TAMARAC FL 33321

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

2. New Principal Office Address, If Applicable

6700 NW 62nd ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

462 E. BAHIA DRIVE

Suite, Apt. #, etc.

City & State

City & State

PUEBLO WEST, CO

Zip

Country

Zip

Country

81007

PUEBLO

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2001

5. FEI Number

65-1078700

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
PD	LOPEZ, MARITZA BRIENZA	6701 NW 62 ST. 6700 NW 62 ST.	TAMARAC FL 33321
VD	BRIENZA, GERALD III	6701 NW 62 ST. 462 E. BAHIA DR. PUEBLO WEST, CO 81007	TAMARAC FL 33321

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRIENZA, MARITZA

**6701 NW 62 ST.
TAMARAC FL 33321**

Name

PAOLA TOMAR

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

6700 NW 62nd ST.

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321

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

Maritza Brienza

REGISTERED AGENT MUST SIGN

Date **02-09-04**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-04

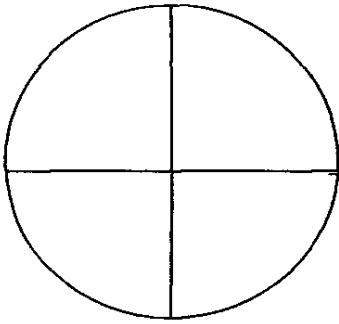
Date

Daytime Phone #

719-

543-3388

CR2040 (7/03)



BIZCLEAN OF SOUTH FLORIDA, INC.

COMMERCIAL CLEANING SERVICES

462 E. Bahia Drive
Pueblo West, CO 81007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Representative:

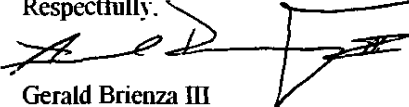
I received a Notice of Administrative Dissolution regarding BizClean of South Florida, Inc. I am seeking to reinstate the Corporation.

To the knowledge of the Directors of this Corporation, no previous forms or informational mailings have been received regarding this payment. To ensure the expeditious payment of such filings in the future, please send all correspondence to my address at: 462 E. Bahia Dr. Pueblo West, CO 81007.

I spoke with an assistant (Katrina) from your Department on 02-09-04. It was explained to me that BizClean will be reinstated if you receive payment of \$300.00 for two years of missed payments. On behalf of the Corporation and myself, I want express our gratitude for waiving the "Reinstatement Fee".

Enclosed, please find our monies in the amounts determined. If you should have any further questions, please feel free to call me at 719-543-3388. Thank you.

Respectfully,


Gerald Brienza III
Vice President