

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 12 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 801000054226

1. Corporation Name

C & G Cleaning Maintenance, Co

W07000035182

2. Principal Office Address

19132 STREAMSIDE COURT

3. Mailing Office Address

19132 STREAMSIDE COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33498

Country

USA

Zip

33498

Country

USA

REINSTATEMENT

CR2E081 (12/05)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/2001

5. FEI Number

651108229

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

Concetta DelSorbo

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

19132 STREAMSIDE COURT

Suite, Apt. #, Etc.

City

BOCA RATON, FL 33431

State

FL

Zip Code

33498

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

Concetta DelSorbo

REGISTERED AGENT MUST SIGN

Date 7/19/07

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 |
|--------|--------------------------------------|---|----------------------|
| P/D | Concetta DelSorbo | 19132 STREAMSIDE COURT | BOCA RATON, FL 33431 |
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REINSTATEMENT

05-07

800106476108
07/20/07--01021--004 **900.00

800106476108
07/18/07--01059--016 **150.00

\$79/13

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 contained in Chapter 119, 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:

Concetta DelSorbo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/07

Date

561-504-9301

Daytime Phone #