

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 17 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071532

1. Corporation Name

S.A.M.'S PROFESSIONAL CLEANING SERVICE INC.

REINSTATEMENT

600137013256
10/17/08--01021--008 **900.00

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #
209 MORNING DOVE DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SATSUMA FL

City & State

Zip Country
32189 US

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3735957

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
ANITA BRANTLEY

Street Address (P.O. Box Number is Not Acceptable)
209 MORNING DOVE DR

Suite, Apt. #, Etc.

City
SATSUMA

State Zip Code
FL 32189

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Anita Brantley

Date 10/14/08

REGISTERED AGENT MUST SIGN

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
PD	ANITA BRANTLEY	209 MORNING DOVE DR	SATSUMA FL 32189
TD	SABRINA TEEM	304 DEER RUN RD	SATSUMA FL 32189

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:

Anita Brantley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/08
Date

386-546-4903

Daytime Phone #