## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  SOCRETARY OF STATE SOCRETARY OF STATE DOCUMENT # P01000071532  1. Corporation Name  S.A.M.'S PROFESSIONAL CLEANING SERVICE LAC  2. Petrolpol Office Address - No P.O. Bas # 2.09 MORNING DOVE DR  Sulfa, Apl #, etc.  3. Masing Office Address  City & State  City & State  City & State  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current  Name  7. Name and Address of Curren													
S.A.M.'S PROFESSIONAL CLEANING SERVICE  2. Principal Office Address - No P.O. Sor # 209 MORNING DOVE DR 3. Meiling Office Address 209 MORNING DOVE DR 3. Meiling Office Address 209 MORNING DOVE DR 3. Meiling Office Address 200 MORNING DOVE DR 3. Meiling	CORPORATION REINSTATEMENT Secretary of Sta						y of State	9	08 OCT 17 PM 1: 02				
2. Principal Office Address - No P.O. Box # 209 MORNING DOVE DR  3. Mailing Office Address   Suite, Apt. #, etc.   4. Data incorporated or Qualified   To Go Business in Florida    2. Suite, Apt. #, etc.   4. Data incorporated or Qualified    3. Suite, Apt. #, etc.   4. Data incorporated or Qualified    3. Suite, Apt. #, etc.   4. Data incorporated or Qualified    3. Suite, Apt. #, etc.   4. Data incorporated or Qualified    3. Suite, Apt. #, etc.   4. Data incorporated or Qualified    3. Applied For   Sol. 37 35957   Applied For    32 189   Sol. Country   2/p   Country    33 18									SECRETARY OF STATE TALLAHASSEE, FLORING				
2. Pencipal Office Address No P.O. Box 8 2.09 MORNING DOVE DR  Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. Date incorporated or Cualified To Do Business in Forda  Sat Summa For Country 32189  Country 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 by checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices by checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  Satis Date Address of Each Officer and/or Director (Field an opposit corporations must list at least 3 directors)  Name of Officers and/or Directors  Tibles  Officers and/or Directors  Tibles  Officers and/or Directors  Officers and/or Directors  10, Lordity that I am an efficer or director or the receiver or trustee empowered to execute this application as provided for in chapter 507 or 617, F.S. I further certly that when filing this reinstatement agencientom, the reason for disablicion has been eliminated, the corporate name satisfies the requirements of section 607/0401 or 617,0401 r.S., that all fees be considered in Chapter 118, F.S. The information incoration on this application is truly and accounts, and my signification as it made under cath.	S.A.M	1.'S PF	ROF	FESSIO	NAL CI	EANIN	G SEF	RVICE					
City & State  SATSUMA FL  IP  32189  Country  32189  Country  To, Name and Address of Current Registered Agent  Name AMITA BRANTLEY  Street Address (P.O. Box Number is Not Acceptable)  209 MORNING DOVE DR  Suite, Apt. #, Etc.  Cry SATSUMA  8. 1. being appointed the registered agent of thy above named concretion, and familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Chiefer and or Directors  Name of Officer and or Directors  Officer and or Directors  Chiefer and or Directors  Name of Officer and or Directors  Officer and	•		3. Mailin	3. Mailing Office Address			$\sim$ 10%						
SATSUMA FL  Zip 32189  US  7. Name and Address of Current Registered Agent  Name ANITA BRANTLEY  Stret Address PO. Box Number is Not Acceptable)  209 MORNING DOVE DR  Subs, Apt. #. Elic.  City SATSUMA  8. 1. being appointed ty6 registered agent of thy above named concretely and the professor of Screen Addresses of Each Officers and/or Director (Piordan conprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Name of Officers and/or Directors  Titles  Name of Officers and/or Directors  To SABRINA TEEM  304 DEER RUN RD  SATSUMA FL 32189  10. Lertify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filling this indicatement profication for dissociation has been eliminated, the corporate forms assisted as the requirements of section 607,0401 or 617,0401 F.S., that all fees on this indicatement profication for dissociation has been eliminated, the corporate frame statisfies the requirements of section 607,0401 or 617,0401 F.S., that all fees on this indicatement application, the response for dissociation has been eliminated, the corporate frame statisfies the requirements of section 607,0401 or 617,0401 F.S., that all fees on this indicatement application, the response for dissociation has been eliminated, the corporation previous depth of the corporation previous depth of the corporation previous or for dissociation has been eliminated, the corporation previous depth of the corporation pr	Suite, Apt. #, etc.				Suite, Apt	Suite, Apt. #, etc.							
32189  US  7. Name and Address of Current Registered Agent  Name ANITA BRANTLEY  Street Address (P.O. Box Number is Not Acceptable)  209 MORNING DOVE DR  Street Address (P.O. Box Number is Not Acceptable)  209 MORNING DOVE DR  Street Address (P.O. Box Number is Not Acceptable)  219 Code FL 32189  B. 1, being appointed 96 egistered agent of the above named comporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Registered Agent Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Directors  7. Name of Officers and/or Director (Plorida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Director (Plorida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Director (Plorida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Director (Plorida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Director (Plorida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Director (Plorida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Director (Plorida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Director (Plorida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Director (Plorida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Director (Plorida nonprofit corporation have a least of the form of the profit of the pro					City & Sta	City & State			1 EO 272E0E7				
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Signature of Registered Agent Audita Brail		Α			<u></u>					_ fee be waived.			
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 filling 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 hypo 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: Www. 386-546-4903	Signature of	V/1/2	istere	d agent of the	bove named co	y.		and accept the ot	bligations of secti				
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 filling this reinstatement application, the reason for dissolution has been ellminated, 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: Www. 386-546-4903	9. Names and S	Street Addre	sses	of Each Officer	and/or Director	(Florida nonpr	ofit corporati	ons must list at le	ast 3 directors)		•		
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