

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 21 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO1000072902

1. Corporation Name

L & Z CLEANING SERVICES, INC

400023963864

10/21/03--01036--001 \*\*300.00

2. Principal Office Address

5214 CAREY RD

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip 33624

Country

U.S.A

3. Mailing Office Address

5214 CAREY RD

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33624

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida

July 23<sup>rd</sup>, 2001

5. FEI Number

59-3732256

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

ZAIDA Z GILER

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

5214 CAREY RD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

October 6<sup>th</sup>, 2003

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
<u>P/D/M</u>	<u>LUIS E GILER</u>	<u>5214 CAREY RD</u>	<u>TAMPA, FL 33624</u>
<u>S/T/D</u>	<u>ZAIDA Z GILER</u>	<u>5214 CAREY RD</u>	<u>TAMPA, FL 33624</u>

400023963864

10/21/03--01036--002 \*\*8.75

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 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]* ZAIDA Z GILER

October 6, 2003

Date

813 992 5836

Daytime Phone #

CR2001 (10/02)

**L & Z CLEANING SERVICES INC.**  
**COMMERCIAL CLEANING SERVICES INCORPORATED**



October 6<sup>th</sup>, 2003

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

Attn: Reinstatement Section:

L & Z Cleaning Services request to waive \$600.00 dollars fine for the failure to send the Annual Report Form on 2002, and reinstate the Corporation.

Unfortunately, L & Z never received the 2002 Annual Report Form. Our research showed that the corporation's address in your records was different than the real one. This problem was already fixed and the physical address for L & Z Cleaning Services was corrected and registered in your records. We shall be very grateful indeed for your help.

Yours Truly,

Zaida Z Giler  
Secretary / Treasurer

ZG/zg

Enclosures: We are enclosing checks for \$ 300.00 and \$ 8.75 (Certificate of Status).