

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
03 OCT 31 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000093421

1. Corporation Name

NETTOYAGES SERVICES, INC.

Principal Place of Business

4567 CHALFONT DR.  
ORLANDO FL 32837

Mailing Address

4567 CHALFONT DR.  
ORLANDO FL 32837



REINSTATEMENT

63

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/25/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3745260

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSD	DA SILVA, MARIANA M.G.P.	4567 CHALFONT DR.	ORLANDO FL 32837
VTD	SILVA, JOSE E	4567 CHALFONT DR.	ORLANDO FL 32837

500024329709  
10/31/03--01027--003 \*\*758.75

*[Handwritten Signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARROS, SERGIO A.  
2001 BIZIDGVIEW CIRCLE  
ORLANDO FL 32824

Name

Silva, Jose

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

4567 Chalfont Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

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

*[Handwritten Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/25/03

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/03 (321) 9460242

Date

Daytime Phone #

CR2E040 (7/03)