

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 NOV 19 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099467

1. Corporation Name

FLORIDA TOTAL MAINTENANCE, INC.

Principal Place of Business

Mailing Address

~~115 1ST STREET~~
~~JUPITER FL 33458~~

~~115 1ST STREET~~
~~JUPITER FL 33458~~



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

1530 Cypress Dr.

Suite, Apt. #, etc.

Unit G

City & State
Jupiter, FL

Zip
33469

Country
Palm Beach

3. New Mailing Office Address, If Applicable

1530 Cypress Dr.

Suite, Apt. #, etc.

Unit G

City & State
Jupiter, FL

Zip
33469

Country
Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2001

5. FEI Number

65-1152296

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D, P	BLOOM, NICK	115 1ST STREET 1530 Cypress Dr. Unit G	JUPITER FL 33458 Jupiter, FL 33469

600023764776

10/13/03--01093--021 **150.00

8. Name and Address of Current Registered Agent

~~GREENBERG, JOEL E ESQ~~
~~PLANTATION BUSINESS PARK~~
~~1242 N. UNIVERSITY DRIVE~~
~~PLANTATION FL 33322~~

9. Name and Address of New Registered Agent

Name

Nick Bloom

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

1530 Cypress Dr.

Suite, Apt. #, Etc.

Unit G

City

Jupiter

State

FL

Zip Code

33469

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-8-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

10-8-03

Date

561-741-4992

Daytime Phone #

CR2ED40 (7/03)



1530 Cypress Drive
Unit G
Jupiter FL 33469
Phone 561-741-0715
Fax 561-741-4994
www.immediatefix.com

October 8, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Florida Total Maintenance, Inc did not receive prior notice for filing the Uniform Business Report. This may have been due to the recent changing of address, which I noted on the report. We respectfully request that the late fee be waived. We are submitting the original \$150.00 filing fee along with the UBR.

Sincerely,

Nick JD Bloom
President