

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 5:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121172

1. Corporation Name

TRI-CLEAN SERVICES, INC.

Principal Place of Business

7916 RENOIR DR  
JACKSONVILLE FL 32221

Mailing Address

7916 RENOIR DR  
JACKSONVILLE FL 32221

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

12/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

26-0008809

Not Applicable

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
PST	LEWIS, RODNEY A	7916 RENOIR DR	JACKSONVILLE FL 32221
V	LEWIS, MOLLY J	7916 RENOIR DR	JACKSONVILLE FL 32221

680008947376  
11/13/02--01014--018 \*\*150.00

8. Name and Address of Current Registered Agent

LEWIS, RODNEY A  
7916 RENOIR DR  
JACKSONVILLE FL 32221

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/06/02

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]*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/06/02

Daytime Phone #

CR2040 (8/02)

11/06/02.

TRI-CLEAN SERVICES INC.  
904-443-7847  
7916 RENOIR DR.  
JACKSONVILLE, FL. 32221

REF#

I RODNEY LEWIS OWNER OF TRI-CLEAN SERVICES, HAVE NOT RECEIVED ANY OTHER INFORMATION FROM THE DEPT. OF STATE ACCEPTS FOR "THE NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION.

I CALLED 1-850-245-6059 AND WAS TOLD TO WRITE THIS NOTE LETTING THE STATE KNOW I HADN'T RECEIVED THE ORIGINAL NOTICE, AND TO WRITE A CHECK PAYABLE TO FLORIDA DEPT. OF STATE FOR \$150.00.

MY COMPANY IS A NEW CORPORATION, AND WE ARE SORRY FOR INCONVIENCE THIS MAY HAVE CAUSED. IF FURTHER INFORMATION IS NEEDED, PLEASE DO NOT HESITATE TO CALL US AT THE NUMBER ABOVE.

THANKS IN ADVANCED FOR THE HELP

RODNEY LEWIS

A handwritten signature in black ink, appearing to read "Rodney Lewis", written in a cursive style.