

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUL 31 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001235

1. Corporation Name

Treasure Coast Professional Cleaning Service, Inc.

900133823139  
07/31/08--01032--012 \*\*608.75

**REINSTATEMENT**  
CR2E081 (12/07)

08-08

2. Principal Office Address - No P.O. Box #

5050 SW C.R. 341

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1788

Suite, Apt. #, etc.

City & State

Trenton, Florida

City & State

Cross City, FL

Zip

32693

Country

USA

Zip

32628

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/02

5. FEI Number

30-0034873

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Jerry McEver

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

5050 SW C.R. 341

Suite, Apt. #, Etc.

City

Trenton

State

FL

Zip Code

32693

☒ 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 were not received and requesting the reinstatement fee be waived.

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

Jerry McEver

REGISTERED AGENT MUST SIGN

Date 7-28-08

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</u>	<u>Jerry McEver</u>	<u>5050 SW C.R. 341</u>	<u>Trenton, Florida 32693</u>

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-08 352 498-4041

Date

Daytime Phone #

7/31/08