

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000009002

1. Corporation Name

A TO Z RESTORATION, INC.

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

8303 NW 35 ST

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

Zip

33065

Country

USA

3. Mailing Office Address

8303 NW 35 ST

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

Zip

33065

Country

USA

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2002

5. FEI Number

30-0381628

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

HUBERT LEANDRE

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

8303 NW 35 ST

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

☒ 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

REGISTERED AGENT MUST SIGN

Date

06/30/07

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
PD	HUBERT LEANDRE	8303 NW 35 ST	CORAL SPRINGS, FL 33065
VP	MARIE CARMEL THEUS	8303 NW 35 ST	CORAL SPRINGS, FL 33065
SD	JANET SOMMERS	809 E PALM RUN DR	N LAUDERDALE, FL 33068

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

Date

Daytime Phone #

06/30/07

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