

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 17 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000020826

1. Corporation Name

DUCKIE'S PRESSURE WASHING, INC.

Principal Place of Business

Mailing Address

4540 CAMERON ROAD  
PLANT CITY FL 33567

4540 CAMERON ROAD  
PLANT CITY FL 33567



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

02/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

010614192

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
P	HORNE, JEREMY	4540 CAMERON ROAD	PLANT CITY FL 33567
V	HAKE, JOSHUA	2486 LAKE WOODBURY CIRCLE	BRANDON FL 33510

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HORNE, JEREMY  
4540 CAMERON ROAD  
PLANT CITY FL 33567

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

REGISTERED AGENT MUST SIGN

Date

10/15/03

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

Date

Daytime Phone #

10/15/03 813-967-6083

CR2E040 (7/03)

*pyc wq*

I received this letter of dissolution, and when I called they told me it was because the form I sent did not contain the FEI number for the company. Apparently I was sent a letter telling me to send the FEI number. However I never received a letter. The lady I spoke with told me to mail back the reinstatement form with the FEI number, and that would be fine. I have already paid my required fees. If I need to do anything else please notify me. I can be reached by phone at 813-967-6083.

Sincerely,

Jeremy Horne