

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 OCT 29 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000021279**

1. Corporation Name

MASTER SERVICE CLEANING, INC

Principal Place of Business

10036 IAN ST
ORLANDO FL 32825

Mailing Address

10036 IAN ST
ORLANDO FL 32825

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. BOX 592730

Orlando FL
32859

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2002

5. FEI Number

03-0446951

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VARGAS, GERARDOV	10036 IAN ST	ORLANDO FL 32825

200024249822
10/29/03--01035--015 **150.00

8. Name and Address of Current Registered Agent

VARGAS, JOSE G
10036 IAN ST
ORLANDO FL 32825

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/22/03**

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

10/22/03 **4073820132**
Date Daytime Phone #

CR2E040 (7/03)

10-1-03

To whom it may concern:

I have a corporation by the name of
master service cleaning Inc Document #
Po2000021279. I incorporated it last year
and how I have not received any renewal
letter from you I called your office. I
was told to send in \$150.00 plus the SS-4
form and this letter. Pls mail me the
correspondence to my P.O Box 592730
Orlando FL 32859 I hardly check the
actual business address which is
10036 Ian St Orlando FL 32825
407 382 0132. After calling you I received
from you the reinstatement form.
Thank you
Jose Vargas