

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 DEC -9 PH 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000023293**

1. Corporation Name

SOUTH LAKE CLEAN SWEEP, INC.

Principal Place of Business

Mailing Address

**4530 MITCHELL BRIDGES ROAD
CLERMONT FL 34711**

**4530 MITCHELL BRIDGES ROAD
CLERMONT FL 34711**

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

2. New Principal Office Address, If Applicable

12928 Blue Heron Court

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12928 Blue Heron Court

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

USA

Zip

34711

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2002

5. FEI Number

42-1530444

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVD	PADGETT, SCOTT	4530 MITCHELL BRIDGES ROAD 12928 Blue Heron Court	CLERMONT FL 34711
STD	PADGETT, REGINA	4530 MITCHELL BRIDGES ROAD 12928 Blue Heron Court	CLERMONT FL 34711

000025331720
12/08/03--01081--022 **\$600.00

8. Name and Address of Current Registered Agent

**PADGETT, SCOTT
4530 MITCHELL BRIDGES ROAD
CLERMONT FL 34711**

9. Name and Address of New Registered Agent

Name

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

12928 Blue Heron Court

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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]

REGISTERED AGENT MUST SIGN

Date

12/3/03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/03

Daytime Phone #

**(352)
429-4525**

CR2E040 (7/03)