

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000024067

1. Corporation Name

C i J Cleaning, Inc.

2. Principal Office Address

2216 Mallard Creek Cir

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip 34743

Country USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/02

5. FEI Number

731631278

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

04 JUN -8 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

600035785926

06/08/04--01001--013 **200.00

7. Name and Address of Current Registered Agent

Name

AIA Florida Corporate Services

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

218 Southern Country Ln

Suite, Apt. #, Etc.

City

Quincy, FL

State
FL

Zip Code
32351

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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
Pres.	<u>Carmen R. Melendez</u>	<u>2216 Mallard Creek Cir</u>	<u>Kissimmee, FL 34743</u>
V.P.	<u>Jose R. Melendez</u>	<u>"</u>	<u>"</u>

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05/07/04--01030--012 **700.00

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 under section 119.07(3)(l), 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:

Carmen R. Melendez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

(407)709-0989

Daytime Phone #

CP22001 (07/04)