

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 20 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 00200025831
1. Corporation Name
G & S PRESSURE CLEANING INC.

REINSTATEMENT 03-04

2. Principal Office Address
4719 NW 42 ST.
Suite, Apt. #, etc.
City & State
LAUDERDALE LAKES FL
Zip Country
33319

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 3/08/02
5. FEI Number ☒ 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 MICHAEL TAYLOR 900035780949
Street Address (P.O. Box Number is Not Acceptable) 7590 NW 186 STREET 05/07/04 01092 025 **300.00
Suite, Apt. #, Etc. SUITE 207
City MIAMI State FL Zip Code 33015

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]
REGISTERED AGENT MUST SIGN

Date 4/2/04

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
<u>P.</u>	<u>ANSEL SANGUINETTI</u>	<u>4719 NW 42 ST.</u>	<u>LAUD. LAKES, FL 33319</u>

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)(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:

Ansel Sanguinetti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04 954 214 5634
Date Daytime Phone #

CR2E081 (01/04)



7590 NW 186th Street, Suite 207 Miami Lakes, FL 33015

Ph: 305.828.1484 Fax: 305.828.1486

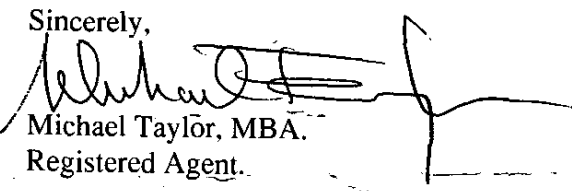
March 15, 2004

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: G & S Pressure Cleaning, Inc.
Document # P02000025831

The Uniform Business Reports for the above referenced company was not received in the mail resulting in the reports not being filed in a timely manner. I am hereby requesting that the penalty be waived and am including the amount of \$300.00 (three hundred dollars) to bring the filings current.

Sincerely,


Michael Taylor, MBA.
Registered Agent.

E-MAIL: accountingtax2003@yahoo.com