

900.00 03-04
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 11 AM 8:00

DOCUMENT # P02 000037654

1. Corporation Name

CORPORATE Maintenance
Unlimited, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

515 North Federal
Bayside Beach, FL 33435

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

515 North Federal
Bayside Beach, FL 33435

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

MRD

7. Name and Address of Current Registered Agent

Name

Marc Borfiglio

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

515 No Federal Hwy

Suite, Apt. #, Etc.

City

Bayside Beach

State

FL

Zip Code

33435

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

8/5/04

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
Pres.	Marc Borfiglio	643 N.W. 11th St	Bayside Beach, FL 33426
VP	Joy Chynoweth	4695 N. Palma Grote	West Palm Beach, FL 33415

000040626980

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/04

Date

Daytime Phone #

CR2E081 (01/04)