

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 22 AM 8:00

DOCUMENT # **P02000039730**

1. Corporation Name

AAA PROFESSIONAL CLEANING SERVICE, INC.

Principal Place of Business

Mailing Address

18 PACE ST.
CRAWFORDVILLE FL 32327

18 PACE ST.
CRAWFORDVILLE FL 32327

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/2002

5. FEI Number

02-0583377

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 | ALLEN, KATHY | 18 PACE ST. | CRAWFORDVILLE FL 32327 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

ALLEN, KATHY
18 PACE ST.
CRAWFORDVILLE FL 32327

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

Kathy Allen
REGISTERED AGENT MUST SIGN

Date

Oct 18, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Allen KATHY ALLEN

Date

Oct 18, 03 850-926-2282

Daytime Phone #

CR2E040 (7/03)

AAA PROFESSIONAL CLEANING SERVICES INC

18 Pace Street
Crawfordville Fl. 32326
850-926-2282
850-926-5514 FAX
aaacleaningservice@earthlink.net
<http://www.home.earthlink.net/~aaacleaningservice>

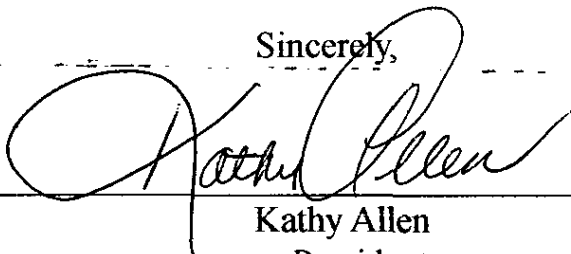
Division of Corporations
Annual report / Reinstatement Section
Post Office Box 6327
Tallahassee Fl. 32314-6327

October 15, 2003

Dear Sir/Madam ,

This letter is to inform you that AAA Professional Cleaning Services did receive forms from the State of Florida I filled them out and returned them but I never received a notice stating that the FEIN # Was not correct Check # 7889 was for \$150.00 made out to the State of Florida Division of Corporations The proper FEIN # is as follows 02-0583377
If you have any more questions please free to contract me at the office at 850-926-2282 ext 28

Sincerely,

A handwritten signature in cursive script, appearing to read "Kathy Allen", is written over a horizontal line.

Kathy Allen
President
AAA Professional Cleaning Services INC.