

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 02000040707

1. Corporation Name

F&L Cleaning, INC.

2. Principal Office Address - No P.O. Box #

12480 NW 15 ST

Suite, Apt. #, etc.

3. Mailing Office Address

12480 NW 15 ST

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

Country

33323

U.S.A.

Zip

Country

33323

USA

7. Name and Address of Current Registered Agent

Name

Linda Leone

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

12480 NW 15 Street

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33323

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

REGISTERED AGENT MUST SIGN

Date

4/16/07

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.S.</u>	<u>Linda Leone</u>	<u>12480 NW 15 Street</u> <u>SUNRISE, FL 33323</u>	<u>SUNRISE FL 33323</u>

REINSTATEMENT

03-07

B 4/25/07

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 contained in Chapter 119, 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:

Linda Leone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/07

Daytime Phone #

FILED

2007 APR 20 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000099247390

04/30/07--01001--021 **750.00

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

4/8/2002

5. FEI Number

61-1410902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.