

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 19 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000053572

1. Corporation Name

ABOVE & BEYOND CLEANING SERVICES, INC.

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

880 S.W. 89TH. TERRACE

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34481

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 772381

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34477-2381

Country

U.S.A.

REINSTATEMENT

CR2E081 (1/07)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/02

5. FEI Number

41-2042897

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
RAMISH A. SAMMY

Street Address (P.O. Box Number is Not Acceptable)
880 S.W. 89TH. TERRACE

Suite, Apt. #, Etc.

City
OCALA

State
FL

Zip Code
34481

☒ 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.

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 10/18/07

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
PTD	RAMISH A. SAMMY	880 S.W. 89TH. TERRACE	OCALA, FLORIDA 34481
VPD	ANGELA N. SAMMY	880 S.W. 89TH. TERRACE	OCALA, FLORIDA 34481

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:

RAMISH A. SAMMY

10/18/07

352-454-9632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/07