

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 17 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000065927**

1. Corporation Name

Hummingbird Cleaning Services, Inc.

2. Principal Office Address

PO Box 291

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 291

Suite, Apt. #, etc.

City & State

Haines City, FL

Zip

33845

Country

USA

City & State

Haines City, FL

Zip

33845

Country

USA

800037791318

06/09/04--01019--015 **308.75

**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**

7. Name and Address of Current Registered Agent

Name

Veronica Byrd

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

516 Hummingbird Ct.

Suite, Apt. #, Etc.

City

Poinciana

State

FL

Zip Code

34759

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

Veronica Byrd
REGISTERED AGENT MUST SIGN

Date

5/17/04

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
Director/ owner	Veronica Byrd CEO	516 Hummingbird Ct.	Poinciana, FL 34759

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:

Veronica Byrd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/17/04

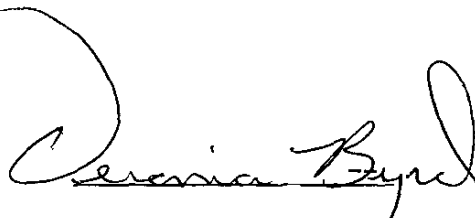
Daytime Phone #

8634271691

CR2E081 (01/04)

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I, Veronica Byrd did not receive my 2003 first or second notice annual report for Hummingbyrd Cleaning Services, Inc. Document #P02000065927.

A handwritten signature in cursive script, reading "Veronica Byrd". The signature is written in dark ink and is positioned to the right of the typed text.