

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 24 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000081021

1. Corporation Name

WAL-JAX WHITE GLOVE CLEANING, INC

2. Principal Office Address

6716 APACHE BLVD

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

PALM BEACH

3. Mailing Office Address

6716 APACHE BLVD

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

7/25/02

5. FEI Number

05-0523669

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

DANIEL JACKSON

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

6716 APACHE BLVD

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

10/24/03--01067--001

\*\*150.00

10/24/03--01067--001

\*\*150.00

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

10/16/13

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
D	DANIEL JACKSON	6716 APACHE BLVD	LOXAHATCHEE, FL 33470

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

Date

Daytime Phone #

10/16/13

CR2001 (10/02)

91 10/25

**C.R. COOPER, CPA, PA**  
5350 10<sup>TH</sup>. Ave. North, Suite 8  
Lake Worth, Florida 33463

American Institute of  
Certified Public Accountants

(561) 964-6927  
(561) 432-0008

Florida Institute of  
Certified Public Accountants

FAX (561) 433-3596

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October 16, 2003

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Department Of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32399

Taxpayer: Wal - Jax White Glove Cleaning, Inc  
FEIN: 05-0523669  
Tax Form: UBR  
Tax Period: 2003

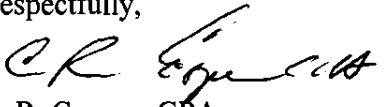
To Whom It May Concern:

We have enclosed the UBR Reinstatement Form and the check # in the amount of \$150.00 for the annual renewal of the above corporation.

Please abate the penalty as Mr. Jackson did not receive the original UBR, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Mr. Jackson is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

  
C. R. Cooper, CPA

Encl.

cc