

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

03 NOV 26 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099411

1. Corporation Name

P & C CLEANING SERVICES, INC.

Principal Place of Business

Mailing Address

6652 N W 57TH ST
TAMARAC FL 33321

6652 N W 57TH ST
TAMARAC FL 33321

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

33319

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2002

5. FEI Number

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	CAMERON, PAULINE	6652 N W 57TH ST	TAMARAC FL 33321 33319
			500025045665 11/26/03--01007--017 **150.00
			500025045665 11/26/03--01007--018 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMERON, PAULINE

6652 N W 57TH ST

TAMARAC FL 33321 33319

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

Pauline Cameron

REGISTERED AGENT MUST SIGN

Date

11/10/03

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:

Pauline Cameron Pauline Cameron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/03

Daytime Phone #

954-915-9900

CR2E040 (7/03)

merry maids.

Merry Maids

6652 N.W. 57th Street

Tamarac, FL 33321-19

Tel: 954-915-9900

Fax: 954-724-9101

E-Mail: merrymaids1114@yahoo.com

An independent business licensed
to serve you by Merry Maids
Limited Partnership

November 10, 2003

Division of Corporation
Annual Report/Reinstatement Section
409 East Gaines St.
Tallahassee, FL 32399

To whom it may concern,

This is to inform you that I did not receive the two prior uniform business reports that were sent to me.


There has been some confusion with the Post Office as to which zip code should be used, this has been an ongoing problem since I rented my office. We started out with 33321 but were later told that it should be 33319.

Please correct this information.

I have enclosed two separate checks. One for \$150.00 # 1392, (reinstatement fee) and another for \$8.75 # 1393 (certificate of status fee).

Thanking you in advance for your prompt attention in the above matter.

Sincerely,


Pauline Cameron
Owner

