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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS 03 NOV 14 AM 8:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000124092**
1. Corporate Name
Colemans Pressure Cleaning, Inc.

000024917770
11/21/03--01015--014 **150.00

2. Principal Office Address
15049 S.W. 13 Place
State, Apt. #, etc.
City & State
Surprise, FL
Zip
33326 Country
Broward

3. Mailing Office Address
15049 S.W. 13 Place
State, Apt. #, etc.
City & State
Surprise, FL
Zip
33326 Country
Broward

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida **11/20/02**

5. FEI Number **14-1882069**

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

MRS

Name **Jerry Michael Coleman**
Street Address (P.O. Box Numbers Not Acceptable)
15049 S.W. 13 Place
State, Apt. #, Etc.
City **Surprise** State **FL** Zip Code **33326**

8. I, being appointed the registered agent of the above named corporation, hereby accept the obligations of sections 607.0505 or 617.0505, F.S.

Signature of Registered Agent **Jerry M. Coleman** Date **10/30/03**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State & Zip
P	Jerry M. Coleman	15049 S.W. 13 Pl	Surprise, FL 33326
V	Michael J. Coleman	15049 S.W. 13 Pl	Surprise, FL 33326
S	Leslie A. Coleman	15049 S.W. 13 Pl	Surprise, FL 33326

10. I certify that I am an officer or director or the secretary or trustee empowered to complete this application as provided for in chapters 607 or 617, F.S. I further certify that when filing this reinstatement application, the reasons for dissolution have been dissolved, 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 170.07(2)(f), 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: **Jerry M. Coleman** Date **10/30/03** **954/812-4094**

PRINT OR TYPE NAME OF SIGNING OFFICER OR DIRECTOR

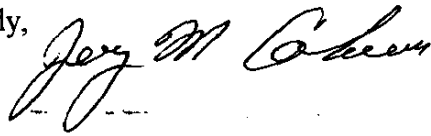
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Oct. 12, 2003

To Whom It May Concern:

I am writing this letter on the behalf of Coleman's Pressure Cleaning ,Inc.
We did not receive the 2003 Uniform Business Report that our Accountant said that we should have received to file for our new business. Please except our check and apology for this mishap. This is all new to us and I assure you that it will not happen again.

Sincerely,



Jerry M. Coleman

Employer ID Number 14-1882069

Day Phone 954-818-4084