

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 10 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126342

1. Corporation Name

CENTRAL BUILDING MAINTENANCE, INC.

Principal Place of Business

Mailing Address

780 OAKLAND HILLS CIRCLE #202
LAKE MARY FL 32746

P O BOX 953488
LAKE MARY FL 32795

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/2002

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	DIRADO, STEFANIE	780 OAKLAND HILLS CIRCLE #202	LAKE MARY FL 32746

400024566934
11/10/03--01077--003 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOE, BRIAN R
3074 W LAKE MARK BLVD #136
LAKE MARY FL 32746

Name

Stefanie DiRado

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

780 Oakland Hills Circle - #202

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

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

Stefanie DiRado
REGISTERED AGENT MUST SIGN

Date 11/1/03

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:

Stefanie DiRado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/03

Daytime Phone #

407-302-6469

CR2E040 (7/03)