

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000133109**

1. Corporation Name

Johnny L. Briggs Cleaning, Inc.
829 Camargo Way, Suite #5
Altamonte Springs, FL 32714

2. Principal Office Address

829 Camargo Way, Suite #5
Altamonte Springs, FL 32714

3. Mailing Office Address

829 Camargo Way, Suite #5
Altamonte Springs, FL 32714

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

Suite 205

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip 32714

Country US

Zip 32714

Country US

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/19/02

5. FEI Number

43-19878-14

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

Johnny L. Briggs

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

829 Camargo Way

Suite, Apt. #, Etc.

Suite 205

City

Altamonte Springs

300025773413
12/26/03--01053--004 **150.00

300025773413
12/26/03--01053--005 **8.75

State
FL Zip Code
32714

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

Johnny L. Briggs
REGISTERED AGENT MUST SIGN

Date 12/19/03

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
P	Johnny L. Briggs	829 Camargo Way, #5 Altamonte Springs, FL	Altamonte Springs FL 32714

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:

Johnny L. Briggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnny L. Briggs

(407) 484-8188

12/19/03

Date

Daytime Phone #

CR2E081 (10/02)

Johnny L. Briggs Cleaning Service, Inc.

829 Camargo Way, Suite 205
Altamonte Springs, FL 32714
(407) 484-8188

December 19, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Corporation Reinstatement


To Whom It May Concern:

Per my conversations with your office, enclosed please find my reinstatement form.

As we discussed, I am requesting that the reinstatement fee be waived because I did not know that I had to file an additional form every year. I just started the business last December, and the only reason I had incorporated the business was to receive a worker's compensation exemption status.

It is imperative for this reinstatement to be processed as soon as possible, to ensure that I will not lose my existing customers due to improper insurance. Thank you for your prompt attention.

Sincerely,



Johnny L. Briggs

enclosure