

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

06 JUL 25 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000015514

1. Corporation Name

HERIBERTO FERNANDEZ CLEANING, INC.

REINSTATEMENT

04-06 Doc

CR2E081 (12/05)

2. Principal Office Address

2105 W IDLEWILD AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2105 W IDLEWILD AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL.

Zip

33603

Country

Zip

33603

Country

4. Date Incorporated or Qualified
To Do Business in Florida

FEBRUARY 7, 2003

5. FEI Number

14-1870563

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

HERIBERTO FERNANDEZ

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

2105 W IDLEWILD AVE

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code
33603

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

7/21/06

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	HERIBERTO FERNANDEZ	2105 W IDLEWILD AVE	TAMPA, FL. 33603
D	GREXEM GONZALEZ	2105 W IDLEWILD AVE	TAMPA, FL. 33603
D	WHISKELL ESCANDELL	7010 WESTCOTT DR	PORT RICHEY, FL. 34668

200078213802
09/01/06--01028--016 **1050.00

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 contained in Chapter 119, 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:

HERIBERTO FERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/21/06

Daytime Phone #