

07/28/2006 FRI 8:16 FAX

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000018346

1. Corporation Name

TCI CLEANING SYSTEMS, INC.

2. Principal Office Address

1060 CRYSTAL LAKE DR

3. Mailing Office Address

1060 CRYSTAL LAKE DR

Suite, Apt. #, etc.

SUITE 402

Suite, Apt. #, etc.

SUITE 402

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip  
33064

Country  
USA

Zip  
33064

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/17/2003

5. FEI Number

43-1998690

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 **TONNY C COELHO**

Street Address (P.O. Box Number is Not Acceptable) **1060 CRYSTAL LAKE DR**

Suite, Apt. #, Etc. **SUITE 402**

City **POMPANO BEACH**

State  
**FL**

Zip Code **33064**

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 **(954) 638-6988**

**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
PD	TONNY C COELHO	1060 CRYSTAL LAKE DR #402	POMPANO BEACH, FL 33064

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:

**TONNY C COELHO**

**07/27/2006**

**(954) 638-6988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell JUL 28 2006

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850) 205-0384

From:

Account Name : TAX HOUSE CORPORATION  
Account Number : I20000000137  
Phone : (954) 782-4000  
Fax Number : (954) 782-8252

**CORPORATION REINSTATEMENT**

**TCI CLEANING SYSTEMS, INC.**

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