

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 OCT 19 PM 4:47

10 OCT 19 PM 4:47
FILED IN STATE
FILED IN STATE

DOCUMENT # P03000030567

1. Corporation Name

ACE PRESSURE CLEANING AND SEALING, INC.

2. Principal Office Address

18176 BLUE LAKE WAY

3. Mailing Office Address

18176 BLUE LAKE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33498

Country

US

Zip

33498

Country

US

REINSTATEMENT
CH2E081 (8/05)

04-05

4. Date Incorporated or Qualified
To Do Business in Florida 03/13/20035. FEI Number
65-0827516

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐SH 75: Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBIN SCHWARTZ

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

18176 BLUE LAKE WAY

Suite, Apt. #, Etc.

City

BOCA RATON, FL

State
FLZip Code
33498

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

ROBIN SCHWARTZ

Date 10/14/05

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 |
|-------|--------------------------------------|---------------------------------------------------|----------------------|
| D | ROBERT SCHWARTZ | 18176 BLUE LAKE WAY | BOCA RATON, FL 33498 |
| D | ROBIN SCHWARTZ | 18176 BLUE LAKE WAY | BOCA RATON, FL 33498 |
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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)(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:

ROBIN SCHWARTZ

Robin Schwartz

10/14/05

561-239-7459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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((H05000247725 3)))

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

ACE PRESSURE CLEANING AND SEALING, INC.

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$900.00 |

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