

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -4 AM 10:02

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # P03000114968

1. Corporation Name

TEE WALKERS CLEANING SERVICES, INC.

2. Principal Office Address - No P.O. Box #

13890 GOLDENRUSSET DR

3. Mailing Office Address

P.O. BOX 770849

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL 34787

City & State

WINTER GARDEN

Zip

34787

Country

USA

Zip

34777

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2003

5. FEI Number

47-0932810

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
TORAINO WALKER

Street Address (P.O. Box Number is Not Acceptable)
13890 GOLDENRUSSET DR

Suite, Apt. #, Etc.

City
WINTER GARDEN, FL 34787

State
FL

Zip Code
34787

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Joe Walker

Date 04/26/2007

REGISTERED AGENT MUST SIGN

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	TORAINO WALKER	13890 GOLDENRUSSET DR	WINTER GARDEN, FL 34787

000101601740
05/04/07 01034 003 **335.00

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:

Joe Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2007 407-297-3700

Date

Daytime Phone #