

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000131049**

1. Entity Name  
**FROM TOP TO BOTTOM CLEANING SERVICES INCORPORATED**



FILED

05 APR 22 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**5250 LAS VERDES CIRCLE  
APT.320  
DEL RAY, FL 33484 US**

Mailing Address  
**5250 LAS VERDES CIRCLE  
APT.320  
DEL RAY, FL 33484 US**

2. Principal Place of Business  
**9855 SAVANNAH ESTATES DRIVE**

Suite, Apt. #, etc.

3. Mailing Address  
**9855 SAVANNAH ESTATES DRIVE**

Suite, Apt. #, etc.



03152005 REIN-P CR2E098 (6/04)

City & State  
**LAKE WORTH FL**

Zip  
**33467**

Country  
**PALM BEACH**

4. FEI Number  
**05-0591313**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRACCO, JOSEPH JR.  
5250 LAS VERDES CIRCLE  
APT.320  
DEL RAY, FL 33484**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *See below*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BRACCO, JOSEPH JR. 5250 LAS VERDES CIRCLE APT.320 DEL RAY, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JOSEPH BRACCO JR. 9855 SAVANNAH ESTATES DRIVE LAKE WORTH FL 33467 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BRACCO, THOMAS 1475 NW. 113TH TERRACE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200054224622</b> <b>05/10/05--01082--002 **300.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BRACCO, JOSEPH JR. 5250 LAS VERDES CIRCLE APT.320 DEL RAY, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Bracco Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/17/05** Daytime Phone # **561-432-7966**

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