

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 APR -2 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000135803

1. Corporation Name

Dependable Clean Up, Inc

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

4135 Quail Ranch Road

Suite, Apt. #, etc.

City & State

New Smyrna Beach

Zip

32168

Country

Volusia

3. Mailing Office Address

4135 Quail Ranch Road

Suite, Apt. #, etc.

City & State

New Smyrna Beach

Zip

32168

Country

volusia

800172224588

03/15/10--01062--023 \*\*150.00

CR2E081 (11/09)

REINSTATEMENT 09-10

4. Date Incorporated or Qualified

To Do Business in Florida 11-10-2003

5. FEI Number

20-0412801

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

Hilton, Harriet J.

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

4136 Quail Ranch Road

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32168

☒ 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.

800172224588

04/02/10--01032--024 \*\*150.00

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

*Harriet J. Hilton*

REGISTERED AGENT MUST SIGN

Date

3-9-10

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
DPV	Hilton, James R.	4136 Quail Ranch Road	New Smyrna Beach, FL 32168
DST	Hilton, Harriet J.	4136 Quail Ranch Road	New Smyrna Beach, FL 32168

10. E-mail Address:

harriet.j.hilton@live.com

(To be used for future annual report notification)

11. 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. I further certify 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:

*Harriet J. Hilton*

Harriet J. Hilton

3-9-10

386-689-3705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #