

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -6 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704000004009

1. Corporation Name

Renew Pressure Cleaning

000082319610

12/06/06--01039--002 **300.00

REINSTATEMENT 05-06

2. Principal Office Address

15 S. PALMWAY

Suite, Apt. #, etc.

#4

City & State

LAKE WORTH, FL.

Zip

33460

Country

PAIM Bch.

3. Mailing Office Address

15 S. PALMWAY

Suite, Apt. #, etc.

#4

City & State

LAKE WORTH, FL.

Zip

33460

Country

PAIM Bch.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Scot Collier

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

15 S. PALMWAY

Suite, Apt. #, Etc.

#4

City

LAKE WORTH

State

FL

Zip Code

33460

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

Scot Collier

REGISTERED AGENT MUST SIGN

Date 12/04/06

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
VP	Keith Dery	1411 S.W. 6th AVE	FT. LAUD, FL. 33315
P	Scot Collier	15 S. Palm Way #4	Lake Worth, FL. 33460

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:

Scot Collier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/04/06

Daytime Phone #

As Per telephone Conversation with

2012/7

12/04/06

I Scott Collier President of
Renew Pressure Cleaning did not
receive ^{2005 or 2006} annual Report forms since
I have been INC. More have I
received any INFO whatsoever from
Sunbiz or the State of Florida,

Thank you for your understanding

