

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. READ ALL INSTRUCTIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT
08 APR 22 PM 12:27

DOCUMENT # **P04000050364**

1. Corporation Name
Celmy Cleaning Services Corp.

2. Principal Office Address - No P.O. Box #
10640 NW 39th St

3. Mailing Office Address
10640 NW 39th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip Country
33065 USA

Zip Country
33065 USA

4. Date Incorporated or Qualified To Do Business in Florida **03/22/2004**

5. FEI Number **200912149** 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 **Alvaro Ocampo**

Street Address (P.O. Box Number is Not Acceptable)
10640 NW 39th St

Suite, Apt. #, Etc.

City State Zip Code
Coral Springs, FL 33065

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 **X** **[Signature]**
REGISTERED AGENT MUST SIGN

Date **X** **03/27/08**

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
V	Celmira Gallego	10640 NW 39th St	Coral Springs, FL 33065
P	Alvaro Ocampo	10640 NW 39th St	Coral Springs, FL 33065

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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 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: **X Celmira Gallego**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X **04-15-08** **(954) 638-2937**
Date Daytime Phone #