

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

Suite, Apt. #, etc.

3. Mailing Office Address

10640 NW 39th St

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

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

Coral Springs, FL 33065

State

FL

Zip Code

33065

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

☒ 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

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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REINSTATEMENT

06-08B

4/23/08

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

Date

X 04-15-08 (954) 638-2937

Daytime Phone #, E-MAIL ADDRESS