

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 22 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PCS

DOCUMENT # 004000123922

1. Corporation Name

All Around Cleaning Service, Inc

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

8411 Lenova Ln

Suite, Apt. #, etc.

3. Mailing Office Address

8411 Lenova Lane

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32305

Country

Zip

32305

Country

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

Antoinette Thompson

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

8411 Lenova Lane

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

☒ 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

Antoinette Thompson

REGISTERED AGENT MUST SIGN

Date

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
President	Antoinette Thompson	8411 Lenova Ln	Tallahassee, FL 32305

300104881479
06/28/07--01036--015 ***450.00

REINSTATEMENT

05-07

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:

Antoinette Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 22-07

Daytime Phone #

850-491-0876