

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 11 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000133932**

1. Corporation Name

ULTRA WASH WINDOW CLEANING SERVICES, INC

2. Principal Office Address

4870 S. SEMORAN BLVD

Suite, Apt. #, etc.

1905

City & State

ORLANDO FL

Zip

32822

Country

3. Mailing Office Address

4870 S. SEMORAN BLVD

Suite, Apt. #, etc.

1905

City & State

ORLANDO, FL

Zip

32822

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/2004

5. FEI Number

58-2430977

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

JAVIER L. CENTENO

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

4870 S. SEMORAN BLVD

Suite, Apt. #, Etc.

1905

City

ORLANDO

State

FL

Zip Code

32822

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

Date **10-5-05**

REGISTERED AGENT MUST SIGN

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
P	JAVIER L. CENTENO	APT 1905 4870 S. SEMORAN BLVD	ORLANDO FL 32822
VP	MARICELA BERRIOS	APT 1905 4870 S. SEMORAN BLVD	ORLANDO FL 32822
T	JAVIER L. CENTENO	APT 1905 4870 S. SEMORAN BLVD	ORLANDO FL 32822
S	MARICELA BERRIOS	APT 1905 4870 S. SEMORAN BLVD	ORLANDO FL 32822
		600060497086	
		10/11/05--01058--001 **750.00	

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-05321 624 9515

Date

Daytime Phone #