

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT -7 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000140678

1. Corporation Name

L+C CLEANING, INC.

000060352320  
10/07/05--01038--009 \*\*150.00

2. Principal Office Address

2820 REGENCY OAK LN.

Suite, Apt. #, etc.

A

City & State

ORLANDO, FL.

Zip

32833

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-1743336

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (8/05)

**7. Name and Address of Current Registered Agent**

Name

SILVIA C. MALAGON

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

2820 REGENCY OAK LN.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32833

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 9/30/05

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | SILVIA C. MALAGON                    | 2820 REGENCY OAK LN.                              | ORLANDO, FL/32833  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

X [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/05  
Date

Daytime Phone #

September 30, 2005

Dept of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear: Sirs

Enclosed you'll find copy of our company reinstatement form. We are L&C Cleaning, Inc. Doc# P04000140678 and we incorporated last October. It came as quite a shock to us that our corporation had been put on inactive status since we never received nor knew that we had to pay any amount of monies to you. Per telephone conversation with you, I now send said form and the \$150.00 due for our renewal and humbly request that you waive the fee reinstate fee that would be due. We will mark our calendar and be on the look out every year for the renewal of our company with you. I thank you in advance for your help in getting this matter resolved. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carolina Malagon', is written over a horizontal line.

Carolina Malagon  
President  
L&C Painting, Inc.  
Doc# P04000140678