

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN 11 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # royal commercial cleaning company

1. Corporation Name **P04000164746**

**REINSTATEMENT 05-07**

CR2E081 (12/05)

2. Principal Office Address  
**15169 133 terr north**

3. Mailing Office Address  
**10152 west indiantown rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**ste 165**

City & State  
**jupiter fl**

City & State  
**jupiter fl**

Zip  
**33478**

Country  
**palm beach**

Zip  
**33478**

Country  
**palm beach**

4. Date Incorporated or Qualified To Do Business in Florida **12/03/04**

5. FEI Number  
**65-1002795**

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

**DARYL INWOOD**

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

**15169 133 Tr north**

Suite, Apt. #, Etc.

City

**Jupiter**

State

**FL**

Zip Code

**33478**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **1-8-7**

**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
owner	daryl inwood	10152west indiantown rd ste 165	jupiter fl

**600085640846**  
**01/23/07--01005--014 \*\*450.00**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-7**

Date

**561-358-9120**

Daytime Phone #

*[Signature]* 1/17



please Reinstatement  
I did not Get  
The notice in 2005  
I Thought my  
Certified Public  
Accountant was  
paying it.

I called FL. Department  
of State. They stated  
Send 480 <sup>00</sup> and This  
Letter.



Thank You. DARYL 561-358-9128