

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -8 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000087974

1. Corporation Name

CARLOSKATIA CLEANING SERVICE INC

2. Principal Office Address - No P.O. Box #
4324 NW 9TH AVE

3. Mailing Office Address

Suite, Apt. #, etc.
BOX 75

Suite, Apt. #, etc.

City & State
POMPANO BEACH

City & State

Zip
33064

Country

Zip

Country

REINSTATEMENT
CR2E081 (1/07) 06-07

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
SILVA, CARLOS

Street Address (P.O. Box Number is Not Acceptable)
4324 NW 9TH AVE

Suite, Apt. #, Etc.
BOX 75

City
POMPANO BEACH

State
FL

Zip Code
33064

☒ 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

Carlos D. Silva

REGISTERED AGENT MUST SIGN

Date **10/03/2007**

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	CARLOS SILVA	4324 NW 9TH AVE BOX #75	POMPANO BEACH, FL 33064

60110462286
10/08/07--01010--004 **300.00

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:

Carlos D. Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/03/07

Date

954 825-3973

Daytime Phone #