

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 26 AM 9:34

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000128013

1. Corporation Name

T.M.S. Cleaning & Maintenance Enterprise Inc.

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

4917 SW 141 AVE

3. Mailing Office Address

4917 SW 141 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL.

Zip

33027

Country

US

Zip

33027

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/05

5. FEI Number
20-3476495

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
MICHAEL WELCH

Street Address (P.O. Box Number is Not Acceptable)
4917 SW 141 AVE

Suite, Apt. #, Etc.

City
MIRAMAR

State
FL

Zip Code
33027

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 03/24/09

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	SONIA WELCH	4917 SW 141 AVE	MIRAMAR, FL. 33027
VP	RODNEY WELCH	4917 SW 141 AVE	MIRAMAR, FL. 33027
TR	MICHAEL WELCH	4917 SW 141 AVE	MIRAMAR, FL. 33027
SEC	TANISHA WELCH	4917 SW 141 AVE	MIRAMAR, FL. 33027
DIR	SHENEL WELCH	4917 SW 141 AVE	MIRAMAR, FL. 33027

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]

MICHAEL WELCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/09

Date

954-864-4055

Daytime Phone #