

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000020326

1. Corporation Name

PROMASTER CLEANING SERVICES, INC.

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

3024 GRANDIFLORA DR

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

BROWARD

3. Mailing Office Address

3024 GRANDIFLORA DR

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/06

5. FEI Number
20-4303766

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

SYDNEY D HENRIQUE

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

3024 GRANDIFLORA DR

Suite, Apt. #, Etc.

City

LAKE WORTH

State
FL

Zip Code
33467

☒ 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

REGISTERED AGENT MUST SIGN

Date 10/22/2009

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
DPS	SYDNEY D HENRIQUE	2024 GRANDIFLORA DR	LAKE WORTH, FL 33467
DPT	MARIA S BOAS	3024 GRANDIFLORA DR	LAKE WORTH, FL 33467

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

10/22/2009

Date

954-788-1818

Daytime Phone #

FILED

09 OCT 27 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09

900161769699

10-15-09 01036 009 \$450.00

CR2E081 (12/08)

10/27