

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 17 AM 9:24

DOCUMENT # P06000047666

1. Corporation Name

A TO Z WINDOW CLEANING PLUS, INC

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

548 MARY ESTHER CUTOFF

Suite, Apt. #, etc.

176

City & State

FORT WALTON BEACH, FLORIDA

Zip

32548

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2006

5. FEI Number

20-4619964

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee returned
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NORTH FLORIDA ECONOTAX, INC

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

284 N EGLIN PARKWAY

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State

FL

Zip Code

32548

☒ 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.

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05/17/10--01060--012 **150.00

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 FEBRUARY 24, 2010

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	KENNETH KING	548 MARY ESTHER CUTOFF NW BOX 176	FORT WALTON BEACH, FL 32548

REINSTATEMENT 05-10

10. E-mail Address: CHRIS@ECONOTAX.COM

(To be used for future annual report notification)

11. 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. I further certify, 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

KENNETH KING, PRESIDENT FEB 24, 2010 850-496-4913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #