

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000087226

1. Corporation Name

E & E HOUSE CLEANING SERVICES, INC.

W08-51146

2. Principal Office Address - No P.O. Box #
6911 HUDSON AVENUE

Suite, Apt. #, etc.

City & State
HUDSON, FLORIDA

Zip Country
34667-1182 U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 06/27/2006

5. FEI Number
20-5127868

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
EVELYN I. BROOKER

Street Address (P.O. Box Number is Not Acceptable)
6911 HUDSON AVENUE

Suite, Apt. #, Etc.

City
HUDSON

State Zip Code
FL 34667

☒ 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

Evelyn I. Brooker

REGISTERED AGENT MUST SIGN

Date 11/02/2008

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
PS	EVELYN I. BROOKER	6911 HUDSON AVENUE	HUDSON, FLORIDA 34667
VPT	ELENA I. FLETCHER	6911 HUDSON AVENUE	HUDSON, FLORIDA 34667

400137779964
11/21/08-01022-012 **150.00

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:

Evelyn I. Brooker

EVELYN I. BROOKER

11/02/2008

727-868-7589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24
aw