

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 22 PM 2:01

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # PO6000095223

1. Corporation Name

Imperial services Corp. of
pinellas
W08-47585

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

9070 108th ave N.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Zip

33777

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-16-06

5. FEI Number

20-5249712

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

Juan M. De Los Santos

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

9070 108th ave N.

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33777

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

Juan M. De Los Santos

REGISTERED AGENT MUST SIGN

Date 9-30-2008

☐ 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.

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	Juan F. De Los Santos	9070 108 th ave N.	Largo, FL. 33777
V	Juan F. De Los Santos		
T	Juan F. De Los Santos		
S	Juan F. De Los Santos		

000136979090
10/28/08--01012--019 **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:

Juan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-2008 (727) 481-5750

Date

Daytime Phone #