

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

08 DEC -3 PM 3:31

DOCUMENT # P06000109455

1. Corporation Name

BEACHLAND CLEANING SERVICES INC.
5542 43RD COURT
VERO BEACH FL. 32967.

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

5542 43RD CT

Suite, Apt. #, etc.

5542 43RD CT

City & State

VERO BEACH, FL

Zip

32967

Country

FL

3. Mailing Office Address

5542 43RD CT

Suite, Apt. #, etc.

5542 43RD CT

City & State

VERO BEACH, FL

Zip

32967

Country

FL

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

08-22-2006

5. FEI Number

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

PETRIT STOLAJ

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

5542 43RD COURT

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32967

☒ 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.

200139133382
12/18/08--01028--010 ***8.75

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

PETRIT STOLAJ

REGISTERED AGENT MUST SIGN

Date 11-24-08

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	Petrut Stolaj	5542 43rd Ct	Vero Beach, FL 32967

200139133346
12/18/08--01028--009 ***300.00

12/3/08

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:

PETRIT STOLAJ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-24-08

Daytime Phone #

772-480-0492

Per conversation with Mr. Stolaj on 12/3/08 Add name
+ title and address in section 9 And FEI number in 10.5.