

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 23 PM 2:11

DOCUMENT # P06000109463

1. Corporation Name

Alamo Carpet & Janitorial Services, Inc

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

4255 W HUMPHREY ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

4314

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33614

Country

Hillsborough

Zip

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2006

5. FEI Number

X 41-2212610

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

CUARTA, MARITZA

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

4255 W HUMPHREY ST

Suite, Apt. #, Etc.

4314

City

TAMPA

State

FL

Zip Code

33614

☒ 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

X *Maritza M. Cuarta*
REGISTERED AGENT MUST SIGN

Date 02-06-09

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	CUARTA, MARITZA	4255 W HUMPHREY ST	TAMPA FL 33614
			600143238226 02/10/09--01006--015 **458.75

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: X

Maritza M. Cuarta

MARITZA CUARTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-17-09 813-532-4146

Date

Daytime Phone #