

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 OCT 19 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000021625

1. Corporation Name  
Three Partners Cleaning Contractor, INC.  
P.O. Box 25266  
Sarasota, FL 34277

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

1057<sup>th</sup> AVE NE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 25266

Suite, Apt. #, etc.

City & State

Buskin FL

Zip

33570

Country

U.S.

City & State

Sarasota, FL

Zip

34277

Country

U.S.

600161898826

10/19/09--01046--011 \*\*150.00

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business In Florida

2-15-07

5. FEI Number

20-8476311

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  
Cheryl Creason

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

1057<sup>th</sup> AVE NE

Suite, Apt. #, Etc.

City  
Buskin

State

FL

Zip Code

33570

☒ 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

Cheryl Creason

REGISTERED AGENT MUST SIGN

Date

10-2-09

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	Damaso Rayo Orozco	P.O. Box 25266	Sarasota, FL 34277
VP	JUANITA S. Garza	1102 A 28 <sup>th</sup> AVE W.	Palmetto, FL 34221
		Ø 10/21	
	The report was accepted and filed as an Annual Report. The admin. dissolution was removed in error.		

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: DAMAZO RAYO OROZCO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-2-09  
Date

Daytime Phone #