

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

10 NOV -5 AM 11:27

**DOCUMENT # P07000086480**

1. Corporation Name

Almeida's Cleaning Corp

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

6770 nw 41st st

Suite, Apt. #, etc.

City & State

Coral Springs, Fl

Zip

34219

Country

broward

3. Mailing Office Address

17807 Bridlewood ct

Suite, Apt. #, etc.

City & State

parrish Fl

Zip

34219

Country

manatee

700187501367  
11/05/10--01041--006 \*\*908.75

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 07/31/2007

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

Braulio Almeida

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

6770 nw 41st st

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

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

REGISTERED AGENT MUST SIGN

Date 10/06/10

**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	Braulio Almeida	6770 nw 41st st	coral springs, Fl 33067
vp	Marisa Almeida	6770 nw 41st st	coral springs, Fl 33067

REINSTATEMENT

B

09-10  
11/8/10

10. E-mail Address: almeidacleaning@aol.com

(To be used for future annual report notification)

11. 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. I further certify: 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/10

Date

941-448-5357

Daytime Phone #