

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PI1000056657

1. Corporation Name

DM Commercial Cleaning Services

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

137 Nicholson Dr

Suite, Apt. #, etc.

DAVENPORT FL

City & State

Zip 33837

Country POLK

3. Mailing Office Address

PO Box 250

Suite, Apt. #, etc.

DAVENPORT FL

City & State

Zip 33836

Country POLK

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

June 17 2011

5. FEI Number

452595070

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 Edna MARTINEZ

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

Suite, Apt. #, Etc.

City DAVENPORT FL

State FL

Zip Code

000255127810
12/31/13--01007--002 **908.75

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

Edna Martinez
REGISTERED AGENT MUST SIGN

Date 12/27/2013

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
<u>PD</u>	<u>Edna Martinez</u>	<u>137 Nicholson Dr</u>	<u>DAVENPORT FL, 33837</u>

10. E-mail Address: ednam@rocket mail .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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Edna Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/2013
Date

Daytime Phone #