

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 MAR 24 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11000065519

1. Corporation Name

Maria & Mavi's Cleaning Service Corp.

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

17316 NW 74 AVE

3. Mailing Office Address

17316 NW 74 AVE

Suite, Apt. #, etc.

Apt #203

Suite, Apt. #, etc.

Apt #203

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33015

Country

USA

Zip

33015

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2011

5. FEI Number

45-2799126

☒ 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

Maria C. Valdes

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

17316 NW 74 AVE

Suite, Apt. #, Etc.

Apt #203

City

Hialeah

State

FL

Zip Code

33015

100270998361
03/24/15--01036--018 **708.75

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

Date 03-16-2015

REGISTERED AGENT MUST SIGN

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
PT/5/M 10/1/M	Maria C. Valdes	17316 NW 74 AVE Apt #203	Hialeah / Florida / 33015

10. E-mail Address: mariavaldes0913@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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-2015

Date

305-310-5524

Daytime Phone #