

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **4/5.00**

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

97 JUL 22 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000001605**

1. Corporation Name

**BOXS MAINTENANCE & JANITORIAL
SERVICES, INC.**

Principal Place of Business

Mailing Address

**4251 NE 2nd Ave
POMPANO BEACH, FL 33064**

W97-15868

REINSTATEMENT

96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**3500 N. STATE RD. 7
Suite, Apt. #, etc. 200-1**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

LAUDERDALE, LKS

Zip FL 33314 Country BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

11-02-1992

5. FEI Number

65-0372744

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTS	OSCAR SOTO	4251 NE 2 nd AVE.	POMPANO BEACH FL. 33064
			200002251712--0 -07/29/97--01134--011 ****173.75 ****173.75
			200002251712--0 -07/29/97--01134--012 ****750.00 ****750.00
			7/23

8. Name and Address of Current Registered Agent

**OSCAR SOTO
4251 NE 2nd Avenue
Pompano Beach, FL 33062**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **7/03/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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: **Oscar Soto**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/03/97

735-2890

CR20040 (12/96)