

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 14 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000056677

1. Corporation Name

C & G COMMERCIAL CLEANING SERVICES, INC.

REINSTATEMENT 02

500008975255
11/13/02--01078--008 **900.00

2. Principal Office Address

187 NW 84 Place N

3. Mailing Office Address

187 NW 84 Place

Suite, Apt. #, etc.

605

Suite, Apt. #, etc.

605

City & State

Miami Gardens, FL 33015

City & State

Miami Gardens, FL 33015

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08-12-93

5. FEI Number

650431129

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

Luis C. Useche

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

20329 NW 52nd Avenue

Suite, Apt. #, Etc.

City

Miami,

State
FL

Zip Code
33055

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

Carolina Varela

REGISTERED AGENT MUST SIGN

Date 11-12-02

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, VP	Carolina Varela	187 NW 84 Place	Miami Gardens, FL 33015
Tr, S	Carolina Varela	187 NW 84 Place	Miami Gardens, FL 33015

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 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:

Carolina Varela
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-02 (786) 277-4529

Date

Daytime Phone #

CR2081 (9/01)

g 11/15