PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 15 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001931

1. Corporation Name

CLEANING CONCEPTS OF ORLANDO INC W99-8322

Principal Place of Business / Mailing Address

1950 Lee Rd. Suite 122
WINTER PARK, FLA. 32789

REINSTATEMENT FEE 94-99

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12-24-93

5. FEI Number: 59-3240653

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status — Applied For / Not Applicable

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	LINDA McAMIS	205 E 18th ST SANFORD, FL	SANFORD FL.
V. PRES	JAMES McAMIS	205 E 18th St SANFORD, FL	SANFORD FL.

A00002854278--7
-04/27/99--01098--021
***1508.75 ***1508.75

8. Name and Address of Current Registered Agent

LINDA McAMIS
205 E 18th St.
Sanford, FL. 32771

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. Having been 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: Linda McAmis — REGISTERED AGENT MUST SIGN — Date: 4-14-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Linda McAmis LINDA McAMIS — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-14-99 — Daytime Phone #: 407 628-4055