

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000052361

1. Corporation Name

M G F CLEANING SERVICES, INC.

Principal Place of Business

5827 DAHLIA DR.

ORLANDO, FL 32807

Mailing Address

5827 DAHLIA DR.

ORLANDO, FL 32807

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

2. New Principal Office Address, If Applicable

5827 DAHLIA DR

State, Apt. #, etc.

ORLANDO, FL 32807

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

State, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/13/94

5. FEI Number

59-3248765

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MONSERRATE BATISTA	1091 CONDOR PLACE	WINTER SPRINGS, FL 32708

REINSTATEMENT

95-99

B. 3/10/99

600002806486--7

-03/15/99--01137--023

*****8.75 *****8.75

600002806486--7

-03/15/99--01137--024

***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

MONSERRATE BATISTA

1091 CONDOR PLACE

ORLANDO, FL 32708

9. Name and Address of New Registered Agent

Name

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

State, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.

Signature of
Registered Agent

Monserrate Batista

REGISTERED AGENT MUST SIGN

Date 3-5-99

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 607.04(1) or 617.04(1), 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)(b), 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:

Monserrate Batista

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99 (407)261-0227

Date Daytime Phone #