

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 APR 16 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066030

1. Corporation Name

RONCO PRESSURE CLEANING, INC.

Principal Place of Business

21000 WOOD SPRING AVE
BOCA RATON FL 33428

Mailing Address

21000 WOOD SPRING AVE
BOCA RATON FL 33428

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0535430

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
1	2	3	4
D	BECKENHAUER, RONALD J	21000 WOOD SPRING AVE	BOCA RATON FL 33428
			000002148110--6 -04/18/97--01099--011 ***\$15.00 ***\$15.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

FARBER, ANDREW E
9033 W GLADES RD
SUITE A
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name Ronald J Beckenhauer
Street Address (P.O. Box Number is Not Acceptable)
21000 WOOD SPRING AVE
Suite, Apt. #, Etc.
City Boca Raton State FL Zip Code 33428

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

Ronald J Beckenhauer
REGISTERED AGENT MUST SIGN

Date

4-8-97

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:

Ronald J Beckenhauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-97(561) 487 6997