

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 # P94000093533

1. Corporation Name

PRIDE PRESSURE CLEANING & CARPET CLEANING, INC.

Principal Place of Business

Mailing Address

1112 GOLDENROD RD
WEST PALM BEACH FL 33414
US

1112 GOLDENROD RD
WEST PALM BEACH FL 33414
US

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

1607 Windship Circle
Suite, Apt. #, etc.

1607 Windship Circle
Suite, Apt. #, etc.

City & State WPB FL

City & State WPB FL

Zip 33414 Country PB

Zip 33414 Country PB

REINSTATEMENT 96 x 97

4. Date Incorporated or Qualified To Do Business in Florida

12/28/1994

5. FEI Number

12-0480440

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
D	TELLER, HAROLD W	12171 CUDDINGTON CT 1607 Windship Circle	WELLINGTON FL 33414

600002124436--7
-03/26/97--01047--007
***915.00 ***915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAULL, RICHARD J
12705 FOREST HILL BLVD
#1302
WELLINGTON FL 33414

13833
Wellington Trace
Wellington FL 33414

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

Richard Paul

REGISTERED AGENT MUST SIGN

Date

3-10-97

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:

Harold Teller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97

Date

7904814

Daytime Phone #

CR2040 (7/96)