

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP -3 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/18/02--01034--002
****150.00 ****150.00

600007823466--7
-09/18/02--01034--001
****150.00 ****150.00

DOCUMENT # P95000002666

1. Corporation Name

STEAMBRITE of BOCA, INC.

2. Principal Office Address

1044 SOUTH MILITARY TRAIL

Suite, Apt. #, etc.

UNIT 103

City & State

DEERFIELD BEACH, FLORIDA

Zip

33442

Country

U.S.A.

3. Mailing Office Address

1044 SOUTH MILITARY TRAIL

Suite, Apt. #, etc.

UNIT 103

City & State

DEERFIELD BEACH, FLORIDA

Zip

33442

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

1-11-95

5. FEI Number

65-0544273

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

RANDY K VANCEL II

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

1044 SOUTH MILITARY TRAIL

Suite, Apt. #, Etc.

UNIT 103

City

DEERFIELD BEACH,

State

FL

Zip Code

33442

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

REGISTERED AGENT MUST SIGN

Date 8/28/02

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/D	RANDY K. VANCEL II	1044 SOUTH MILITARY TRAIL - UNIT 103	DEERFIELD BEACH, FLORIDA 33442
		DD-02 UBR TO	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/02

Date

561-7065198

Daytime Phone #

CR2E081 (9/01)