

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024875

1. Corporation Name
MARGARET REID CLEANING SERVICE, INC.

Principal Place of Business 5853 N.W. 41ST LANE COCONUT CREEK FL 33074	Mailing Address 5853 N.W. 41ST LANE COCONUT CREEK FL 33074
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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 04/03/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0577304	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	



REINSTATEMENT 00

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	4 City / State / Zip
D	REID, MARGARET	5853 N.W. 41ST LANE	COCONUT CREEK FL 33074
D	REID, ANDRE	5853 N.W. 41ST LANE	COCONUT CREEK FL 33074
			500003457665--7 -11/08/00-01079-010 ****750.00 ****750.00
			<i>B11/2</i>

8. Name and Address of Current Registered Agent REID, MARGARET 5853 N.W. 41ST LANE COCONUT CREEK FL 33074		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. 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 *Margaret Reid* **SIGNATURE REQUIRED** Date **10-13-00**
REGISTERED AGENT MUST SIGN

11. 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: MICHAEL ANDRE REID
SIGNATURE REQUIRED **10-13-00** **305 6045457**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)