

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

95 NOV -4 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000041012**

1. Corporation Name

TRUE BLUE PRESSURE CLEANING INC.

Principal Place of Business

Mailing Address

13050 SOUTH WEST 9TH STREET
DAVIE FL 33325

13050 SOUTH WEST 9TH STREET
DAVIE FL 33325

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

2. New Principal Office Address, if Applicable

171 Marks Rd
Suite, Apt. #, etc.
Venus, FL

3. New Mailing Office Address, if Applicable

171 Marks Rd
Suite, Apt. #, etc.
Same
City & State
Venus, FL

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1985

5. FEI Number

65-0596581

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
Pr	Roberta Wantuck	171 Marks Rd Venus, FL	Venus FL 33960
V.Pr	Charles Wantuck	171 Marks Rd Venus, FL	Venus FL 33960
			300002001233--9 -11/08/96--01118--027 *****236.25 *****236.25
			300002001233--9 -11/08/96--01118--028 *****147.50 *****147.50
			081-0-96

8. Name and Address of Current Registered Agent

WANTUCK, ROBERTA
13050 SOUTH WEST 9TH STREET
DAVIE FL 33325

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

Roberta Wantuck
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-15-96

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:

Roberta Wantuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-96
Date Daytime Phone

CREATING (7/96)