

APPLICATION

FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Kathryn Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 21 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA5000045166

1. Corporation Name

D.G. CLEANING SERVICES, INC.

Principal Place of Business

Mailing Address

12664 SW 54th CT
MIRAMAR, FLORIDA

33027

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

2. New Principal Office Address, If Applicable

12664 SW 54th CT

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12664 SW 54th CT.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/95

5. FEI Number

Applied For

65-0591593

Not Applicable

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, FLORIDA

Zip

33027

Country

USA

Zip

33027

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐ ~~STATE~~ ☐ ~~FEDERAL~~

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
P	DENISE GALBAN	12664 SW 54th CT	MIRAMAR, FLORIDA 33027

200003112092--4
-01727700--01005--016
****150.00 ****150.00

8. Name and Address of Current Registered Agent

DENISE GALBAN

12664 SW 54th COURT
MIRAMAR, FLORIDA 33027

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

REGISTERED AGENT MUST SIGN

Date 12/28/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.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:

DENISE GALBAN

12/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE