

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 1996
REINSTATEMENT



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

FILED

96 NOV 25 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058376

1. Corporation Name

LUIS & EMPRA CLEANING SERVICE, INC.

Principal Place of Business

1239 FOXMEADOW
MIDDLEBURG FL 32068

Mailing Address

1239 FOXMEADOW
MIDDLEBURG FL 32068

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

*Added as All
Reinstatement
fee was
waived
mwb
11-25-96*

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3327168

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	CASTILLO, EMPERATRIZ	1239 FOXMEADOW	MIDDLEBURG FL 32068
D	CASTILLO, LUIS	1239 FOXMEADOW	MIDDLEBURG FL 32068

600002015576--2
11/27/96-01020-013
***225.00 ***225.00

8. Name and Address of Current Registered Agent

CASTILLO, EMPERATRIZ
1239 FOXMEADOW
MIDDLEBURG FL 32068

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

Emperatriz Castillo
REGISTERED AGENT MUST SIGN

Date 11-12-96

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:

Emperatriz Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-96 282-7815
Date Daytime Phone #

CR2500 (7/95)