

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000001827**

1. Corporation Name

LANDMARK COMMERCIAL CLEANING INC.

2. Principal Office Address

6005 NW 78 WAY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TAMARAC FL

Zip

33321

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-8-96

5. FEI Number

65-0628652

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Robert SAVIN

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

6005 NW 78 WAY

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321

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

Robert Savin

REGISTERED AGENT MUST SIGN

Date **10-5-06**

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	ROBERT SAVIN	6005 NW 78 WAY	TAMARAC FL 33321
		10/11/06	
		REINSTATEMENT 01-06	
		700080670127	
		10/10/06--01011--011 **900.00	

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 contained in Chapter 119, 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:

Robert Savin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-6953463

Daytime Phone #

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Department of State

The annual report notices for 2001
were not received. I request the
reinstatement fee be waived.

Sincerely
Robert Savin