

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 24 PM 1:13

DOCUMENT # P96000016358.

1 Corporation Name

CLEANING SERVICE OF LEE COUNTY, INC

Principal Place of Business

Mailing Address

5231 SARASOTA COURT.
CAPE CORAL, FL. 33904.

REINSTATEMENT 99-99

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

2. New Principal Office Address, If Applicable
11038 BOYBREEZE WAY

3. New Mailing Office Address, If Applicable
SAME.

4. Date Incorporated or Qualified To Do Business in Florida
02-21-1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number Applied For
 Not Applicable

City & State
BOCA RATON, FLORIDA.

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip
33428-1250

Country
U.S.

Zip

Country

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
PRES	FRANCIS J. MALDONADO.	11038 BOYBREEZE WAY.	BOCA RATON, FL. 33428
V.PRES.	KAREN P. MALDONADO.	11038 BOYBREEZE WAY.	BOCA RATON, FL. 33428
SEC.	FRANCIA J. MALDONADO.	11038 BOYBREEZE WAY	BOCA RATON, FL. 33428
TREAS	KAREN P. MALDONADO.	11038 BOYBREEZE WAY	BOCA RATON, FL. 33428
DIREC	FRANCIA J. MALDONADO.	11038 BOYBREEZE WAY	BOCA RATON, FL. 33428
DIRECT	KAREN P. MALDONADO.	11038 BOYBREEZE WAY	BOCA RATON, FL. 33428

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

% F HEINDL.
2301 DEL PRADO BLVD # 100
CAPE CORAL, FL. 33990 US

Name CARLOS A. MALDONADO.
Street Address (P.O. Box Number is Not Acceptable)
11038 BOYBREEZE WAY
Suite, Apt. #, Etc. 300003000573-87
City BOCA RATON, FL 33428.

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 09-24-1999

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS A. MALDONADO.

09-24-1999

Date

561-218-9691

Daytime Phone #

CRP/DOC (1/99)