

INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P96000022964

1. Corporation Name

UNICLEAN INDUSTRIES, INC.

99 OCT 19 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2982 AVIATION WAY~~
FT. PIERCE FL 34946
US

~~2802 AVIATION WAY~~
FT. PIERCE FL 34946
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 2982 Carter's King Pln	Suite, Apt. #, etc. 2982 Carter's King Pln
City & State	City & State

Suite, Apt. #, etc. 8982 Crests Kide Pl
City & State

Zip	Country	Zip	Country
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4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1996

5. FEI Number

65-0651511

Applied For	
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Not Applicable

6. **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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	MCPHERSON, LEONARD	RR 12 BOX 81-4	LAKE CITY FL 32025
PD	STEPHENSON, JON	4805 PALEO PINES CIR.	FT. PIERCE FL 34951
STD	STEPHENSON, MARY & NANCY C.	4805 PALEO PINES CIR	FT PIERCE FL 34951
			<div data-bbox="933 1180 1339 1203" style="text-align: right;"> 188883839821-4 -11/09/99--01013--010 ***750.00 ***750.00 </div>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEPHENSON, NANCY C
4805 PALEO PINES CIR
FT. PIERCE FL 34951

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State _____ 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

 Nancy C. Stephenson
 REGISTERED AGENT MUST SIGN

Date 12/4/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 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)(x), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99 561-466-4144
Date Devline Phone #