

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 21 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000027967

1. Corporation Name

SINGER'S CLEANING SERVICES, INC

000054243380
05/11/05--01012--003 **750.00

2. Principal Office Address

17339 WELLSLEY AVE

Suite, Apt. #, etc.

3. Mailing Office Address

17339 WELLSLEY AVE

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

Zip

33954

Country

USA

City & State

PORT CHARLOTTE, FL

Zip

33954

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4-1-1996

5. FEI Number

650701370

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-05

7. Name and Address of Current Registered Agent

Name

LORI A. SINGER

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

17339 WELLSLEY AVENUE

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33954

000054243380
05/11/05--01012--004 **750.00

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

Lori A. Singer

REGISTERED AGENT MUST SIGN

Date

April 4, 2005

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
<u>P</u>	<u>LORI A. SINGER</u>	<u>17339 WELLSLEY AVE</u>	<u>PORT CHARLOTTE, FL 33954</u>

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 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:

Lori A. Singer

LORI A. SINGER

4-4-05

941-627-5934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)