

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
*00-022 UBR*  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 SEP -3 PM 4:01

**DOCUMENT # P96000065763**

**1. Corporation Name**

Bright Cleaning Services of Southwest Florida, Inc.

**2. Principal Office Address**

222 Industrial Blvd.

Suite, Apt. #, etc.

109

City & State

Naples, FL

Zip

34104

Country

USA

**3. Mailing Office Address**

222 Industrial Blvd.

Suite, Apt. #, etc.

109

City & State

Naples, FL

Zip

34104

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08-07-1996

**5. FEI Number**  
6506794-56

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

400007634624--2  
-09/10/02--01045--020  
\*\*\*\*450.00 \*\*\*\*450.00

**7. Name and Address of Current Registered Agent**

Name

Nancy Soto

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

379 Dover Place

Suite, Apt. #, Etc.

604

City

Naples

State  
FL

Zip Code

34104

**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

REGISTERED AGENT MUST SIGN

Date 08-27-2002

**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
DPVS	Nancy Soto	379 Dover Place #604	Naples, FL 34104

**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:**

Nancy Soto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-2002

Date

(239)732-7638

Daytime Phone #

CR2E081 (9/01)

9/6/02