## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN <sup>®</sup>



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P96000072025
------------	--------------

1. Corporation Name

## COUNTY WIDE CLEANING SERVICE, INC.

Principal Place of Business

Mailing Address

FILED

03 NOV -6 PM 1:27

2331 GULFSTREAM DR MIRAMAR FL 33023 US	2331 GULFSTI Miramar Fl US	33023		DEINIG	etatemea		
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili		ing Office Address, If Applicable		4. Date Incorporated or Qualified			
				To Do Business in Florida 08/29/1996			
Suite, Apt. #, etc.	etc. Suite, Apt. #,		#, etc.		5. FEI Number Applied For		
ity & State City & State		<del></del>		<b>65-0696469</b> Not Applicab		Not Applicable	
Zip Country G	Zip	Cou	untry	6. CERTIFICATE	OF STATUS DESIRED S	.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and	/or Director (Flor	ida nonprofit corp	porations must list at lea	ast 3 directors)			
Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D TURNBULL, JAMES JR		2720 LAGUNA	N WAY		MIRAMAR FL 33025		
				<b>91</b>	<del>00024470</del> 3/0301034008	389 **150.00	
9. Name and Address of Current	Projetovod Ago	nt.		O Name and A	Address of New Registered		
8. Name and Address of Current Registered Agent  Name		e. Name and A	Address of New Registered	Agent			
TURNBULL, JAMES JR. 2331, GULFSTREAM DR. MIRAMAR FL 33023			Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				

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 607 or 617, F.S. I further certify that when filling 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.

City

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. or 617.0505, F.S.

SIGNATURE:

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

Date

Daytime Phone #

State

Zip Code



Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

October 14, 2003

To whom it may concern;

mis Jackels

Enclosed you will find my application for reinstatement of my corporation. Unfortunately, I did not receive the prior UBR notices and I have therefore enclosed a check in the amount of \$150 which, as is my understanding, is the appropriate filing fee.

Thank you for your attention to this matter.

Sincerely,

James Turnbull

President(

'JT/tt'