

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000013021

1. Corporation Name

ACADEMY GARDEN CLEANERS, INC.

Principal Place of Business

4669 N. UNIVERSITY DRIVE
CORAL SPRINGS FL 33067

Mailing Address

4669 N. UNIVERSITY DRIVE
CORAL SPRINGS FL 33067

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1997

5. FEI Number

65-0739386

Applied For

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
PR	CARDONA, ELIZABETH	4669 N. UNIVERSITY DRIVE	CORAL SPRINGS FL 33067
VPD	CARDONA, WIFREDO	4669 N. UNIVERSITY DRIVE	CORAL SPRINGS FL 33067
SD	MARRERO, FRANCISCO	4669 N. UNIVERSITY DRIVE	CORAL SPRINGS FL 33067

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11/24/03--01093--024 **150.00

8. Name and Address of Current Registered Agent

CARDONA, ELIZABETH
4669 N. UNIVERSITY DRIVE
CORAL SPRINGS FL 33067

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Elizabeth Cardona
REGISTERED AGENT MUST SIGN

Date 11-13-03

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 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: *Elizabeth Cardona* ELIZABETH CARDONA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-13-03

Daytime Phone #

984-344-2140

CR2ED40 (7/03)

NOVEMBER 12,2003

FLORIDA DEPARTMENT OF STATE

GENTLEMEN:

ENCLOSED PLEASE FIND THE ANNUAL REPORT FORMS FOR ACADEMY GARDEN CLEANERS,INC.THE ORIGINAL FORMS WERE NEVER RECEIVED IN JANUARY. WE DISCOVERED THIS WHEN WE RECEIVED THE NOTICE OF DISSOLUTION.

WE HAVE ENCLOSED A CHECK FOR \$ 150.00 FOR THE YEAR 2003. KINDLY ACCEPT THESE WITHOUT PENALTY UNDER THE CIRCUMSTANCES, DUE TO THE FACT THAT THE ANNUAL REPORTS WERE NEVER RECEIVED

THANK YOU FOR YOUR COOPERATION

YOURS TRULY,

Elizabeth Cardon