

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 28 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 897 0000 21854

1. Corporation Name

PRO-VAC MAINTENANCE

WD7-27164

2. Principal Office Address - No P.O. Box #

3703 NW 82nd DRIVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

Zip
33065

Country
USA

3. Mailing Office Address

3703 NW 82nd DRIVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

Zip
33065

Country
USA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3/12/1997

5. FEI Number

65 0733706

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROSEMARY ELLIS

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

3703 NW 82nd DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Rosemary Ellis

Date 05/30/07

REGISTERED AGENT MUST SIGN

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
CEO	Rosemary Ellis	3703 NW 82nd Drive C. Spr. FL 33065	200103892192 05/05/07--01009--003 **750.00 Coral Springs FL 33065
Treasurer			
Sec	Rosemary Ellis	3703 NW 82nd Drive	Coral Spr FL 33065
Treas	Rosemary Ellis	3703 NW 82nd Drive	Coral Springs FL 33065

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 contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosemary Ellis

Date

6/20/07

Daytime Phone #

(954) 675-1908

26/29