

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000034118**

1. Corporation Name

**SCRUBBERS HOME CLEANING CO**

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

**4236 CARDINAL BLVD**

Suite, Apt #, etc.

City & State

**PONCE INLET, FL**

Zip

**32127**

Country

**US**

3. Mailing Office Address

**4236 CARDINAL BLVD**

Suite, Apt #, etc.

City & State

**PONCE INLET, FL**

Zip

**32127**

Country

**US**

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

Name

**MATTHEW MARCINAK**

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

**4236 CARDINAL BLVD**

Suite, Apt. # Etc

City

**PONCE INLET**

State

**FL**

Zip Code

**32127**

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

**3/19/10**

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
P	Matthew Marcinak	4236 Cardinal Blvd	Ponce Inlet, FL 32127
S	Leslie Marcinak	4236 Cardinal Blvd	Ponce Inlet, FL 32127

10. E-mail Address: **SEABREEZEBOOKKEEPING@CFL.RR.COM**

(To be used for future annual report notification)

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. I further certify 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

Date

Daytime Phone #

FILED

2010 MAR 22 AM 8:51

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

800172799798  
03/22/10--01055--026 \*\*1350.00

CR2E081 (11/09)

02-10

**REINSTATEMENT**  
4. Date incorporated or qualified  
To Do Business in Florida 04/16/1997

5. FEI Number  
**59-3475938**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

FILED MAR 22 2010