

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

142

DOCUMENT # P97000078475

1. Corporation Name

CONSTRUCTION TEAM CLEAN, INC.

Principal Place of Business

4145 18TH AVE S.E.  
NAPLES FL 34117

Mailing Address

4145 18TH AVE S.E.  
NAPLES FL ~~34120~~  
34117



200009633042  
12/23/02--01039--008 \*\*150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/10/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0783706

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PARKER, KENNETH J	4145 18TH AVE S.E.	NAPLES FL <del>34120</del> 34117
VD	PARKER, CRISTINA M	4145 18TH AVE S.E.	NAPLES FL <del>34120</del> 34117

8. Name and Address of Current Registered Agent

PARKER, CRISTINA M  
4145 18TH AVE SE  
NAPLES FL 34117

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

*Cristina Parker*  
SIGNATURE REQUIRED

Date

12-6-02

REGISTERED AGENT MUST SIGN

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:

*Kenneth J Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-6-02 239-825-4321

Daytime Phone #

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**Construction Team Clean, Inc.**  
**4145 18th Ave S.E.**  
**Naples, FL. 34117**  
**239.825.4321 239.304.5977 Fax: 239.455.2777**

December 5, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
Tallahassee, FL.

RE: Document Number P97000078475

To Whom It May Concern,  
This is to acknowledge receipt of Reinstatement form.  
The prior UBR notices were not received by our company.  
Enclosed is the filled out form and filing fee.

Sincerely,

  
Kenneth J. Parker  
President.