PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

P00000082

FILED
00 OCT 25 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000079367

1. Corporation Name

A BROTHER'S PRESSURE CLEANING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3003 EAST TERR.. NE<br>PALM BAY FL 32905 | 3003 EAST TERR.. NE<br>PALM BAY FL 32905 |

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 | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida: 09/11/1997

5. FEI Number: 59-3492189 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 |
|---|---|---|---|
| D | OVENS, MICHAEL J | 3003 EAST TERR., NE | PALM BAY FL 32905 |
| | | | |
| | | | |
| | | | |
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| | | | |

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8. Name and Address of Current Registered Agent

OVENS, MICHAEL J
3003 EAST TERR., NE
PALM BAY FL 32905

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.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 16 Oct 2000

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Oct 2000 — Date

321-720537 — Daytime Phone #

October 16, 2000

Kathryn Harris
Division of Corporation
P.O. Box 6327
Tallahassee, FL. 32314

Dear Ms. Harris:

Enclosed please find a reissued check in the amount of $150.00 for my Annual Corporation Fee. Please be advised that I disregarded your prior notice of non-payment because a check had been sent (#851) in the amount of $150.00 for that fee.
When I received this last notice, I did some research, and realized that the check (#851) had not been cleared. Therefore, I have stopped payment on that check and I am sending you the enclosed payment to rectify this situation.
I thank you in advance for your help and cooperation regarding this matter.

**Michael J. Ovens**
**President**
A. Brothers Pressure Cleaning
3003 Easy Terrace
Palm Bay, FL 32905