

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000107864

1. Corporation Name

A-Zita Cleaning, Inc.

2. Principal Office Address

7589 SE Hobe Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

7589 S.E. Hobe Terrace

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

City & State

Hobe Sound, FL

Zip

33455

Country

USA

Zip

33455

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/97

5. FEI Number

65-0802016

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

Zita S. Willis DAGGETT

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

7589 S.E. Hobe Terrace

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

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

Zita S. Daggett
REGISTERED AGENT MUST SIGN

Date

5-30-03

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 | <u>Zita S. Willis DAGGETT</u> | <u>7589 S.E. HOBE TERRACE</u> | <u>Hobe Sound, FL 33455</u> |
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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 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:

Zita S. Daggett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03
Date

772-546-4764
Daytime Phone #

03 JUN - 1 AM 10:36

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E081 (10/02)