

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000027084**

1. Corporation Name

G.A.F. CLEANING INC.

Principal Place of Business

**15 W. MONUMENT AVE.
KISSIMMEE FL 34741
OS**

Mailing Address

**15 W. MONUMENT AVE.
KISSIMMEE FL 34741
OS**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1998

5. FEI Number

59-3500147

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FERRAN, ALFONSO	3042 REGION HAWK CT 15 W. MONUMENT AVE. KISSIMMEE, FL 34741	ORLANDO FL 32829 KISSIMMEE, FL 34741

**100008671181
10/29/02--01102--012 **150.00**

8. Name and Address of Current Registered Agent

**FERRAN, ALFONSO
15 W. MONUMENT AVE
KISSIMMEE FL 34741**

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

SIGNATURE REQUIRED
ALFONSO FERRAN

Date

10/25/02

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:

SIGNATURE REQUIRED
ALFONSO FERRAN

Date

10/25/02

Daytime Phone #

CR2040 (8/02)



G.A.F. CLEANING, INC.

October 25, 2002

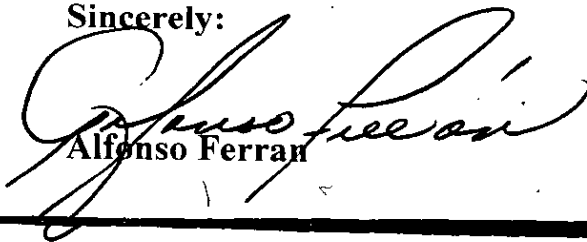
Department of State
Division of Corporation
P.O. Box #6327
Tallahassee, Fl. 32314

Gentlemen:

Please be advised that we never received notification of corporation fee, prior to the one included with this letter. Included you will find, the application for reinstatement & the check for \$150.00 to comply with the law.

Thank you for your cooperation.

Sincerely:


Alfonso Ferran