

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 22 AM 8:00

DOCUMENT # **P98000032739**

1. Corporation Name

PERFORMANCE PRESSURE WASHING, INC.

REINSTATEMENT 03-04

000027378640
01/22/04--01007--027 **750.00

000027378640
01/22/04--01007--026 **150.00

2. Principal Office Address

212 ASH AVE

3. Mailing Office Address

212 ASH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH, FL

City & State

MELBOURNE BEACH, FL

Zip

32951

Country

USA

Zip

32951

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/08/1998

5. FEI Number

593505865

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

ROBERT A. MEYER

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

212 ASH AVE

Suite, Apt. #, Etc.

City

MELBOURNE BEACH

State

FL

Zip Code

32951

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

Robert A. Meyer

REGISTERED AGENT MUST SIGN

Date

1-16-04

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
SEC/TREAS	MARIE A. MEYER	212 ASH AVE	MELBOURNE BEACH FL 32951
DIRECTOR	ROBERT A. MEYER	212 ASH AVE	MELBOURNE BEACH FL 32951
PRES.			

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:

Robert A. Meyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-16-04

Daytime Phone #