

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC -2 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98 0000 64450

1. Corporation Name

ESSLEY CONSTRUCTION CLEAN-UP, INC.

2. Principal Office Address

1020-B SE 9TH STREET

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip Country

33990

3. Mailing Office Address

1020-B SE 9TH STREET

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip Country

33990

REINSTATEMENT

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

07-20-1998

5. FEI Number

650854102

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

ESSLEY, KIMBERLY M.

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

1020-B S.E. 9TH STREET

Suite, Apt. #, Etc.

City

CAPE CORAL, FL

State
FL

Zip Code

33990

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

Kimberly M. Essley
REGISTERED AGENT MUST SIGN

Date

11/21/05

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
Pres.	ESSLEY, KIMBERLY M.	4301 S.W. 9TH PLACE	CAPE CORAL, FL 33914

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/05

Daytime Phone #

B. Mitchell DEC 5 2005