

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000095411

1. Corporation Name

FIRST COAST HOOD CLEANING, INC.

Principal Place of Business

8276 TRIGG ROAD  
HILLIARD FL 32046

Mailing Address

8276 TRIGG ROAD  
HILLIARD FL 32046

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

PO BOX 325

Hilliard, FLA.

32046

NASSAU

4. Date Incorporated or Qualified  
To Do Business in Florida

11/10/1998

5. FEI Number

59-3542374

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WEBB, RAYMOND E	8276 TRIGG ROAD	HILLIARD FL 32046
D	WEBB, LINDA C	8276 TRIGG ROAD	HILLIARD FL 32046
			800003035258--9 -11/04/99--01068--011 *****600.00 *****600.00
			REINSTATEMENT 99
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C. HOLT SMITH, III  
ONE INDEPENDENT DRIVE  
SUITE 3301  
JACKSONVILLE FL 32202

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 807.0505, F.S.

Signature of  
Registered Agent

*Carl M. Smith*  
REGISTERED AGENT MUST SIGN

Date 10/26/99

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:

*Raymond E. Webb, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 266-7444  
(904) 845-3456

07/14/99 90004 011 \$150.00



CR25040 (6/99)