

132

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 27 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000097379**

1. Corporation Name

D'S CLEANING SERVICE OF LAKE WORTH, INC.

2. Principal Office Address
4544 DOLPHIN DRIVE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE WORTH FLORIDA

City & State

Zip
33463

Country
US

Zip

Country

REINSTATEMENT 00-05
MRS

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0877947

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
DELIA A YBARRA

Street Address (P.O. Box Number is Not Acceptable)
4544 DOLPHIN DRIVE

Suite, Apt. #, Etc.

City
LAKE WORTH

State
FL

Zip Code
33463

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 *Delia Ybarra*

Date

REGISTERED AGENT MUST SIGN

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	DELIA A YBARRA	4544 DOLPHIN DRIVE	LAKE WORTH FL 33463

~~688846293296~~
02/10/05--01010--010 **900.00

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: *Delia Ybarra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

2022

To Whom it May Concern:

Enclosed Please find a Check for
\$900.00 to reinstate My Corp.

I never recieved initial notice
and was not aware of the need to
file this form.

Thank You

Dybarra