

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000028905**

1. Corporation Name

BERNAL MAINTENANCE CORP.

Principal Place of Business

Mailing Address

**6869 TORCH KEY STREET
LAKE WORTH FL 33467**

**PO BOX 934252
MARGATE FL 33093**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0904266

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PTD	BERNAL, CARLOS	6869 TORCH KEY STREET	LAKE WORTH FL 33467
VPSD	BERNAL, EVELYN	6869 TORCH KEY STREET	LAKE WORTH FL 33467

500004765595--1
-01/10/02--01081--017
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GARSOZA SERVICES, INC.
3541 NW 35TH STREET
COCONUT CREEK FL 33066**

Name

Carlos Bernal

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

6869 TORCH KEY ST LAKE WORTH

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/26/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/01

Daytime Phone #

954-562-5821

CR2E040 (8/01)