

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 AM 9:21

DOCUMENT # P99000057558

1. Corporation Name

C & G PROPERTY MAINTENANCE, INC.

Principal Place of Business

Mailing Address

1518 W. VINE STREET
KISSIMMEE FL 34741

1518 W. VINE STREET
KISSIMMEE FL 34741

REINSTATEMENT

DO

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

06/23/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59 36 09317

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	MORALEE, CAROL	800 RASHLEIGH AVENUE 3115 Hanging Moss Cir	PLYMOUTH, DEVON, ENG PL7 4DA KISSIMMEE FL 34741
VPSD	MORALEE, GEORGE	800 RASHLEIGH AVENUE 3115 Hanging Moss Cir	PLYMOUTH, DEVON, ENG PL7 4DA KISSIMMEE FL 34741

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORGESON, D. JOHN JR.
332 N. MAGNOLIA AVENUE
ORLANDO FL 32802

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 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-09-00

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.

AD

SIGNATURE: *[Signature]* MORALEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/00 4018474777
Date Daytime Phone #