

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000104143**

1. Corporation Name

GOYETTE CLEANING CORP.

Principal Place of Business

1657 NE SOTTONG AVENUE
JENSEN BEACH FL 34957

Mailing Address

1657 NE SOTTONG AVENUE
JENSEN BEACH FL 34957

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1999

5. FEI Number

65-0965228

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)

Title(s) 1	Name of Officers' and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GOYETTE, LARRY P	1657 NE SOTTONG AVENUE	JENSEN BEACH FL 34957
D	GOYETTE, DENISE L	1657 NE SOTTONG AVENUE	JENSEN BEACH FL 34957

000025164170
12/02/03--01060--009 **150.00

8. Name and Address of Current Registered Agent

GOYETTE, LARRY P
1657 NE SOTTONG AVENUE
JENSEN BEACH FL 34957

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Denise Goyette
REGISTERED AGENT MUST SIGN

Date 10-03-03

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:

Denise Goyette V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-3-03

Daytime Phone #

CR2E040 (7/03)

FLORIDA DEPARTMENT OF STATE
RE: REINSTATEMENT OF CORP.
DOCUMENT # P99000104143.

To Whom It May Concern,

This is the first notification of application. Please find enclosed the
Fee of \$150.00.

Denise Goyette V.P.

GOYETTE CLEANING
DENISE GOYETTE