

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 29 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

584451

Certified Maintenance Services, Inc.

Principal Place of Business

Mailing Address

754 Monroe Road
Lake Monroe, Fla.
32747

P.O. Box 471208
Lake Monroe, Fla.
32747-1208

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 Address, if Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

MWB

96+97

4. Date incorporated by Certificate To Do Business in Florida

Sept. 27, 1991

5. FEI Number

59-3087893

Applied

Not App

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Mark V. Manfredi	754 Monroe Road	Lake Monroe, Fla 32747-1208
Secty	Mark V. Manfredi	754 Monroe Road	Lake Monroe, Fla 32747-1208

100002073851-3
-01/30/97--01069-008
***915.00 ***915.00

8. Name and Address of Current Registered Agent

Mark V. Manfredi
24 Canter Club Court
DeBary, Florida

9. Name and Address of New Registered Agent

Name
Mark Filburn
Street Address (P.O. Box Number is Not Acceptable)
221 NE Ivanhoe Blvd. Suite 205
Suite, Apt. #, Etc.
Orlando, Fla 32804
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0606, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/28/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.14(1)(a), F.S. I further certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that this reinstatement application the reason for dissolution has been terminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect under oath.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone

POOR ORIGINAL