

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

98 JUN 15 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 18404

1. Corporation Name

Amclean, Inc.

Principal Place of Business

Mailing Address

P.O. Box 1784
Port Salerno, FL
34952

REINSTATEMENT

97-98
00

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

February 28, 1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-024 7906

Not Applicable

Zip

Country

Zip

Country

34994

U.S.A.

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, T, S, & D	Jacqueline McGuire	716 E. Parkway	Stuart, Florida 34996
			800002562088--3 -06/17/98-01004-008 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Bernard Doddo
9050 Times Blvd., #383
Pembroke Pines, FL 33024

Name

Matthew L. Jones, Esq.

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

759 S. Federal Highway

Suite, Apt. #, Etc.

Suite 212

City

Stauart

State

FL

Zip Code

34994

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

REGISTERED AGENT MUST SIGN

Date

6/5/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline McGuire, Pres.

Date

Daytime Phone #

6.5.98

CR2E040 (1/98)