

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 12 AM 8:00

DOCUMENT # P02000074074

1. Corporation Name

ALWAYS CLEAN, INC.

700032467447
04/12/04--01058--009 **300.00

REINSTATEMENT 03-04
MRS

2. Principal Office Address
2537 THOMASSON DR #312

3. Mailing Office Address
2537 THOMASSON DR #312

Suite, Apt. #, etc.
#312

Suite, Apt. #, etc.
#312

City & State
NAPLES FL

City & State
NAPLES FL

Zip Country
34112 US

Zip Country
34112 US

4. Date Incorporated or Qualified
To Do Business in Florida 07/08/2002

5. FEI Number
46-0491025

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
EDITE GONCARUKA

Street Address (P.O. Box Number is Not Acceptable)
2537 THOMASSON DR

Suite, Apt. #, Etc.
#312

City
NAPLES

State Zip Code
FL 34112

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Goncaruka
REGISTERED AGENT MUST SIGN

Date 03/31/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EDITE GONCARUKA	2537 THOMASSON DR #312	NAPLES FL 34112

10. 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: Goncaruka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 03/31/04 7758327
Daytime Phone #

CR2E081 (01/04)