

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 25 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

DOCUMENT # P02000112163
1. Corporation Name
#1 SMART CLEANERS INC.
15016 NE 6 AVE
N. Miami, FL 33161

2. Principal Office Address
15016 NE 6 AVE
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
N. Miami FL
Zip Country
33161 USA

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 201893171 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 Kelly Suzette
Street Address (P.O. Box Number is Not Acceptable) 1331 NE 147th Street
Suite, Apt. #, Etc. 400054286244
City N. Miami, FL 33161 State FL Zip Code
05/11/05--01049--020 **30.00

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 Kelly Suzette REGISTERED AGENT MUST SIGN Date 4/18/05

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 Eugene Talabert	15016 NE 6 AVE N	N. Miami, FL 33161

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/15/05 Daytime Phone # 786-277-7611

CR2E081 (01/04)

F & P ACCOUNTING AND TAXES

15018 NE 6 AVE

305-944-5523

TO: **ANDY DUNLAP**

1 SMART CLEANERS

SUBJECT: **P 02000112163**

MY NAME IS COUTCHARD POINT DU JOUR AND I AM WRITING YOU IN REFERENCE TO YOUR LETTER DATED FEBRUARY 1, 2005. WITH THIS LETTER A CHECK MADE OUT TO THE STATE WAS ALSO RETURNED TO MY CLIENT. I PREPARED THE STATEMENT FOR MY CLIENT BECAUSE WE HAD RECEIVE A LETTER FROM YOUR OFFICE GIVING US THE RIGHT TO REINSTATE THE CORPORATION WITH A FILING FEE OF \$ 300.00. THAT LETTER WAS A RESPONSE TO AN AFFIDAVIT THAT I PERSONALLY WROTE TO YOUR OFFICE STATING THAT MY OFFICE HANDLES SMART CLEANERS ACCOUNTING AND WE DID NOT RECEIVE THIS COMPANY'S ANNUAL REPORT LAST YEAR AS A RESULT THE ANNUAL REPORT WAS NOT FILE BY THE CUSTOMER. UNFORTUNATELY I DO NOT HAVE A COPY OF MY LETTER AS WELL AS A COPY OF THE RESPONSE TO PROVE OUR CASE.

PLEASE VERIFY YOUR RECORD TO SEE IF YOU CAN FIND DOCUMENTS TO HELP YOU MAKE A DIFFERENT DECISION IF APPLICABLE.

RESPECTFULLY,



COUTCHARD POINT DU JOUR- ACCOUNTANT