

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **FORM** FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 NOV 28 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000112396

1. Corporation Name

Finest Cleaning Corp

2. Principal Office Address - No P.O. Box #
1919 N State Rd. 7

3. Mailing Office Address
1919 N State Rd. 7

Suite, Apt. #, etc.
Suite 201 C

Suite, Apt. #, etc.
Suite 201 C

City & State
Margate, FL

City & State
Margate, FL

Zip Country
33063 USA

Zip Country
33063 USA

4. Date Incorporated or Qualified To Do Business in Florida 07/30/04

5. FEI Number 37-1493358

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
Romero, Alejandro

Street Address (P.O. Box Number is Not Acceptable)
351 North 70 Avenue

Suite, Apt. #, Etc.

City
Hollywood

State Zip Code
FL 33024

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *[Signature]*

Date 11/27/07

REGISTERED AGENT MUST SIGN

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	Alejandro Romero	351 North 70 Avenue	Hollywood, FL 33024
			400112717034 11/30/07--01012--021 **450.00

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 contained in Chapter 119, 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

Daytime Phone #