

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 15 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000065229

1. Corporation Name

Super Ultra Cleaning Services

700140791597
01/15/09--01012--015 **450.00

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box # 3501 Cheshire Sq		3. Mailing Office Address 3501 Cheshire Sq	
Suite, Apt. #, etc. # D		Suite, Apt. #, etc. # D	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34237	Country U.S.A	Zip 34237	Country U.S.A

4. Date incorporated or Qualified To Do Business in Florida **May, 31, 2006**

5. FEI Number 01-0865729	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Javier Mendoza

Street Address (P.O. Box Number is Not Acceptable)
3501 Cheshire Sq

Suite, Apt. #, Etc.
D

City Sarasota	State FL	Zip Code 34237
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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 Javier Mendoza Date 13/01/2009

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
owner	Javier Mendoza	3501 Cheshire Sq	Sarasota FL, 34237
Secretary	Gabriela Alfayate	3501 Cheshire Sq	Sarasota FL, 34237

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: Javier Mendoza Date 13/01/2009 Daytime Phone # (941)536-8297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR