

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000013722**
1. Corporation Name
ABC Floridian Cleaning Services Corp.
405 E. 44 STREET
WIALEAH, FL. 33013.

2. Principal Office Address 405 E. 44 Street		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WIALEAH, FLORIDA		City & State	
Zip 33013	Country Dade	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 9/94	
5. FEI Number 65-0690894	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name **Jose Avila**

Street Address (P.O. Box Number is Not Acceptable) **405 E 44 Street**

Suite, Apt. #, Etc.

City **WIALEAH**

State **FL** Zip Code **33013**

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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]** REGISTERED AGENT MUST SIGN Date **8/18/00**

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
PS-T-D	Jose Avila	405 E. 44 Street	WIALEAH, FL. 33013

REINSTATEMENT 94-00 11 TS

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 **8/18/00** (305) 688-0400. Daytime Phone #

CR2E081 (9/99)