

10/19/05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 OCT 19 PM 4:47

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000030567

1. Corporation Name
ACE PRESSURE CLEANING AND SEALING, INC.

2. Principal Office Address
18176 BLUE LAKE WAY

3. Mailing Office Address
18176 BLUE LAKE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33498

Country
US

Zip
33498

Country
US

REINSTATEMENT
CR2E081 (8/05) 04-05

4. Date Incorporated or Qualified
To Do Business in Florida 03/13/2003

5. FEI Number
65-0827516

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED SR 75: Annual Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ROBIN SCHWARTZ

Street Address (P.O. Box Number is NOT Acceptable)
18176 BLUE LAKE WAY

Suite, Apt. #, Etc.

City
BOCA RATON, FL

State
FL

Zip Code
33498

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent Robin Schwartz
REGISTERED AGENT MUST SIGN

Date 10/14/05

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ROBERT SCHWARTZ	18176 BLUE LAKE WAY	BOCA RATON, FL 33498
D	ROBIN SCHWARTZ	18176 BLUE LAKE WAY	BOCA RATON, FL 33498

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)(f), 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: Robin Schwartz Robin Schwartz

Date 10/14/05

561-239-7459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2072
2

**Florida Department of State
Division of Corporations
Public Access System**

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

ACE PRESSURE CLEANING AND SEALING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00