


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

05 DEC -9 PH 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000044058**

1. Corporation Name

VERY SPECIAL CLEANING SERVICES, INC.

REINSTATEMENT 03-05  
CR2E081 (8/05)

2. Principal Office Address

1531 NE 34th Court

Suite, Apt. #, etc.

3. Mailing Office Address

1531 NE 34th Court

Suite, Apt. #, etc.

City & State -

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

05/02/2000

5. FEI Number

65-1033218

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  
**MATEUS B. MACEDO**

Street Address (P.O. Box Numbers Not Acceptable)  
**1531 NE 34th Court**

Suite, Apt. #, Etc.

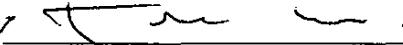
City  
**POMPANO BEACH**

State  
**FL**

Zip Code  
**33064**

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



Date

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
PSD	MATEUS B. MACEDO	1531 NE 34 TH COURT	POMPANO BEACH, FL 33064
VPTD	ROSANGELA L. NASCIMENTO	1531 NE 34 TH COURT	POMPANO BEACH, FL 33064

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pompano Beach - FL, December 6, 2005. 2092

FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT DEPARTMENT

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

**VERY SPECIAL CLEANING SERVICES, INC.**  
**Document Number**  
**P00000044058**

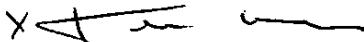
Our corporation has its articles filed with Florida department of State-Division of Corporation on 05/02/2000. Unfortunately, we never received the first notice, of our 2003 UBR form; and we did not know that we must pay it annually.

As this happened against our will, we would like to ask you please wave the Reinstatement Fee, as I am sending you the amount of US\$ 450.00, plus the completed Form of UBR 2005. I would like to ask you to please consider this, and file these as soon as possible.

Once again, I would like to emphasize that my intentions is to work in accordance with the State Laws, witch statutes I respect and honor.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerely,



**MATEUS MACEDO**  
President  
1531 NE 34th Court  
Pompano Beach, FL 33064