PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000108458

1. Corporation Name

SPOT CLEAN, INC.

Principal Place of Business

Mailing Address

1737 OAKHURST AVENUE WINTER PARK FL 32789 1737 OAKHURST AVENUE WINTER PARK FL 32789 DIVISION OF CORPORATIONS

03 DEC | | AM 8: 00

· *	addresses are incorrect in any way, lin	_	information and ent	er correction below.	REIN	STATEME	NT 03
			lew Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc. City & State		Suite, Apt. #	Suite, Apt. #, etc. City & State		10/08/2002		
		City & State			」5.º FEI Numbe	D803272	Applied For Not Applicable
Zip	Zip Country Zi		Zip Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status		
7. Names	and Street Addresses of Each Officer	and/or Director (Flo	orida nonprofit corpo	orations must list at I	least 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		•	City / State / Zip	
DP	CHALHOUB, DAVID A		1737 OAKHUR			WINTER PARK FL 32789	
S	CHALHOUB, RICARDO	1737 OAKHURST AVENUE		WINTER PARK FL 32789			
T	CHALHOUB, JAN C		1737 OAKHURST AVENUE			WINTER PARK FL 32789	
		70 (100-100)			20 12/11/	00254164 03-01018-016	**158.75
	8. Name and Address of Curr	ent Registered Age	ent		9. Name and	Address of New Registere	d Agent
1840	el & Utrera, p.a. Southwest 22 Street, 4th Fl Fl 33145		Name David A. Chalhoub Street Address (P.O. Box Number is Not Acceptable) 1 +3 + Cachur St. Ave. Suite, Apt. #, Etc.				
				Winte	x Part	Sta FI	L 32789
10. I, being	g appointed the registered agent of the	above named corpo	oration, am familiar	with and accept the	obligations of Sec	tion 607.0505, F.S. or 617.05	505, F.S.

11. 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 of Registered Agent

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

12/3/03 407-619-0977

Spot Clean, Inc. 1737 Oakhurst Ave. Winter Park, FL 32789

December 3, 2003

Florida Department of State Division of Corporations P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We are applying for reinstatement of Corporation. We request that the reinstatement fee be waived due to the fact that we never received an Annual Report Form. We are sending \$150.00 for the Annual Report Fee, and \$8.75 for Certificate of Status.

Thank you,

Jahle. Chalhoub

Teasurer - Spot Clean, Inc.