

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 294961

1. Corporation Name

Kleen Master, Inc

300009320763  
12/03/02--01061--005 \*\*150.00

2. Principal Office Address

1150 NE 125 ST

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

Zip

Country

Zip

Country

33161

4. Date Incorporated or Qualified  
To Do Business in Florida

7/19/1965

5. FEI Number

59-1109034

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

TED L KRETZSCHMAR

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

1150 NE 125 street

Suite, Apt. #, Etc.

City

N. Miami

State

FL

Zip Code

33161

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

Ted L. Kretzschmar

REGISTERED AGENT MUST SIGN

Date 11/27/02

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
P	KRETZSCHMAR, TED	1150 NE 125 ST	N. Miami FL 33161
ST	YAO, LIANNE K.	1150 NE 125 ST	N. Miami FL 33161

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:

Ted L. Kretzschmar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/02

Date

305-891-7000

Daytime Phone #

CR2E081 (9/01)