

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003029

1. Corporation Name

CLEAN US CORP. SOUTH

Principal Place of Business

135 WEST 29TH STREET, FOURTH FLOOR  
NEW YORK NY 10001

Mailing Address

135 WEST 29TH STREET, FOURTH FLOOR  
NEW YORK NY 10001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/30/2000

5. FEI Number

13-4100121

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	FINKELSTEIN, BRETT	31 CHESTNUT HILL DRIVE	UPPER BROOKVILLE NY 11771
VSD	FINKELSTEIN, DANIELLE	31 CHESTNUT HILL DRIVE	UPPER BROOKVILLE NY 11771

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*James H. Smith*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-23-02

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:

*James H. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 212-239-9047

CH2E040 (8/02)