## PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REPORTED TO THE PARTY OF THE PAR	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	02 MAR -1 AH 8: 31
DOCUMENT # F04512_ 1. Corporation Name		., 0.31
CLEANERS EQUI	DISTENT ComponitIOXI	
		8000050809088 -03/11/0201061022
2. Principal Office Address  2546655N. Suite, Apt. #, etc.	3. Mailing Office Address  2846 6157. N.  Suite, Apt. #, etc.	****380.00 ****300.00
outs, rpt. #, stc.	Suite, Apt. #; etc.	4. Date incorporated or Qualified
City & State PARLAS PANK, FL.	PHELIAS PANKFL.	To Do Business in Florida  5. FEI Number  Applied For Not Applicable
33782 DHELLAS	33782 PINELIAS	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
HARLEY GENE RUTHERFORD		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
CHY PINELL 77 S	State Zip Code FL 33782	
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 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and	Vor Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT HANDEY CHEKE RAI	THEOLOGY 9346 LIG. N.	PINELLUS PANKEL 33782
SFELDAY MANGET RUTHERFOND 28 46 61ST N		PHEILDS BAKFL. 33782
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.  737-541-9443		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

## **CLEANERS EQUIPMENT CORPORATION**

8846 61<sup>ST</sup> STRET NORTH, PINELLAS PARK, FL 33782 (727) 541-2448

February 26, 2002

Department of State Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

To Whom It May Concern:

Attached is the corporation reinstatement forms so we can have our corporation reinstated. Also attached is a check for \$300.00 because we did not receive the original forms required to keep our corporation in good standing. We probably did not receive the forms because our company has moved to a new location. Please see the new address on the attached forms. If you need any additional information than what has been provided below, please feel free to contact me at 727-541-2448.

Thank you,

H. Gene Rutherford