PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

		FILED
CORPORATION	FLORIDA DEPARTMENT OF STATE	II O STATE
REINSTATEMENT	Katherine Harris Secretary of State	SECRETARY OR CORPORATIONS
	DIVISION OF CORPORATIONS	02 APR -1 PM 4: 00
DOCUMENT # G599		
1. Corporation Name Suburban Clean	ens; INC	
		2000052944723
	3. Mailing Office Address	****1208:75 *****1208:75
2. Principal Office Address #1-5301-W W 347 ST.	40 2 N. W. 13 7 ST.	REINSTATEMENT99-02
# 2-2132 3-10.34 ST. Suite, Apt. #, etc.	Suite, Apt. #, etc.	ICHAO IMICHIENI // C
		4. Date Incorporated or Qualified To Do Business in Florida 9/15/8 3
City & State	City & State	
GAINESVILLE FL	GAINESVIlle, FL	5. FEI Number Applied For Not Applicable
#1.32605 Country ALACHUA	Zip Country	6.
#2-32408 HLACHUA	32601 ALACHUA	CERTIFICATE OF STATUS DESIRED (50.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name JOHN W. EVERSON		
Street Address (P.O. Box Number is Not Acceptable)		
Suite Address (P.O. Box Number is Not Acceptable) 612 N.E. 13674 AVE		
Suite, Apt. #, Etc.		
City	. 1 / 4	State Zip Code
Garnesville FL 32609		
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 3/24/62		
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 Director	Street Address of Each Officer and/or Director	
Pres JOHN W. EVERSO	11- 1-17	
Tros JOHN W. EVERSO	IN bIZNEISGT AV	e Garnegville, FT. 32609
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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: 3/24/02 352.538.3724		
		3/24/02 352.538.3724
SIGNATURE AND TYPED OR PR	NINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #