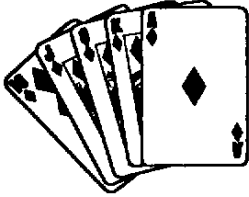


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 AUG -3 PM 12:54	
DOCUMENT # J24672			
1. Corporation Name FULL HOUSE CLEANING SERVICES, INC.			
Principal Place of Business 445-26 SR 13, STE 367 JACKSONVILLE, FLA. 32259		Mailing Address 6367 JOHNNIE CIRCLE, W. JACKSONVILLE, FLA.	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 445-26 STATE ROAD 13 STE 367 JACKSONVILLE, FL 32259		3. New Mailing Office Address, If Applicable 6367 JOHNNIE CIR W JACKSONVILLE, FLA 32244-2917	
Suite, Apt. #, etc. 367		Suite, Apt. #, etc. W	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FLA	
Zip 32259		Zip 32244-2917	
County ST. JOHNS		County DUAL	
4. Date Incorporated or Qualified To Do Business in Florida 7/18/86		5. FEI Number 59-2648645	
Applied For <input type="checkbox"/>		Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DP	HERMAN R. COOK	6367 JOHNNIE CIR, W	JACKSONVILLE, FLA 32244
8. Name and Address of Current Registered Agent MICHAEL PAXFORD 24 NORTH MARKET ST. SUITE 404 JACKSONVILLE, FLA 32202-2848		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. Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: HERMAN R. COOK HERMAN R. COOK 7/30/99 (904) 219-3653 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2501 (12/98)

Full House Cleaning Service, Inc.



**445-26 State Road 13, Ste. 367
Jacksonville, FL 32259 Phone (904)772-6621**

July 30, 1999

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

RE: Document #J 24672

Please reinstatement my corporation I have failed to receive my annual filing because of an address change. My new address is my home address which I have showed on my reinstatement form. I am enclosing a check for \$465.00 as per phone call to reinstate 1997, 1998, 1999 annual reports. I would appreciate your consideration in waiving the \$600.00 reinstatement fee since I haven't been receiving my annual filings.

Sincerely,

Herman R. Cook
President