2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-11-2003 90054 005 ***150.00

FILED K47528
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 28 AM 8:00

0152397 FP

DOCUMENT # K47528

1. Entity Name
VACA CLEAN, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3413	P.O. BOX 3413
MARATHON SHORES FL 33052-3413	MARATHON SHORES FL 33052-3413
US	US

REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0096065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INGHRAM, JOANN B CPA
6803 OVERSEAS HIGHWAY
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 5800 Overseas Hwy, Suite 4

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 7-8-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD PALOMINO, JOSE 479 96TH ST. OCEAN MARATHON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 15, 2003

Fl. Dept of State
Div of Corps
PO Box 6327
Tallahassee, Fl 32314

RE: Document # K47528

To Whom it May Concern:,,

I am in receipt of "Notice of Administrative Dissolution or Revocation" and as this date spoke with a representative from your office.

A copy of my letter to you on July 9, 2003, is attached.

He, in turn, read a letter to me dated July 14, 2003, which I have not received. Your letter stating receipt of $150.00 and that we are in compliance.

Please advise with copy of letter.

Thank you.

JOSE PALOMINO, Pres.

cc: UBR, Div of Corp.
POB 1500
TALLAHASSEE, FL
32302-1500