


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 97 SEP 30 AM 11: 58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # K55146**

1. Corporation Name  
**CONTRA-CLEAN, INC**

Principal Place of Business      Mailing Address

**2058 34TH WAY N      PO BOX 853**  
**LARGO, FL      PINELLAS PARK, FL**  
**33780-0853**

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

**REINSTATEMENT 90-97**

2. New Principal Office Address, If Applicable      3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. Date Incorporated or Qualified To Do Business in Florida  
**12-21-88**

5. FEI Number      Applied For

**59-2925754**      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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip      |
|----------|-----------------------------------|---|-------------------------|
| P-D      | LAWRENCE B FUCHS                  | 9470 Joel Dr  | Seminole, FL 33777      |
| S-T-D    | PHYLLIS L. FUCHS                  | 9470 Joel Dr  | Seminole, FL 33777      |
| V-D      | LAWRENCE B. FUCHS Jr              | 2751 S. Pines Dr #7   | LARGO, FL               |
| V-D      | THEODORE F. FUCHS                 | 6724 77TH AVE N   | PINELLAS PARK, FL 34665 |
| V-D      | RICHARD C. FUCHS                  | 9801 54TH ST N.   | PINELLAS PARK, FL 34666 |

8. Name and Address of Current Registered Agent

**LAWRENCE B. FUCHS**  
**9470 Joel Dr**  
**Seminole, FL 33777**

9. Name and Address of New Registered Agent

Name: 

Street Address (P.O. Box Number is Not Acceptable): **907002309419-7**

Suite, Apt. #, Etc.: **-10/01/97--01114--003**

City: **\*\*\*1697.50 \*\*\*1697.50**

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: **Lawrence B Fuchs**      Date: **9-30-97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.      Yes       No       (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: Lawrence B Fuchs**      **LAWRENCE B. FUCHS**      **9-30-97**      **913-397-9495**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E040 (12/96)