


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: **FL**

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)