

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 30 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L50878

1. Corporation Name

Awnclean USA, Inc

000007626250--0

-09/10/02--01018--001

****450.00 ****450.00

00.00

2. Principal Office Address

501 N. Newport Ave

Suite, Apt. #, etc.

3. Mailing Office Address

501 N. Newport Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606-1325

Country

USA

Zip

33606-1325

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/13/1990

5. FEI Number

59-2989871

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Amy J. Diehl

Street Address (P.O. Box Number is Not Acceptable)

501 N. Newport Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606-1325

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/28/02

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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Amy J. Diehl	501 N. Newport Ave	Tampa, FL 33606-1325

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:

[Signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/02
Date

813-258-9344
Daytime Phone #

CR2E081 (8/01)

85



Professional Awning Cleaning &
Pressure Cleaning Services

2082

August 28, 2002

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

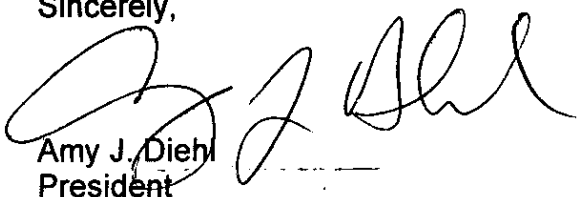
To Whom It May Concern:

Apparently, our corporation was dissolved because your office did not receive our Uniform Business Report for 2000. We did not intend to be delinquent but as far as we can tell our company never received these forms. This may have happened because we have a newer address than your office has on file for us.

We have enclosed \$450.00 to cover 2000, 2001 and 2002.

If you have any questions please feel free to contact me at 813-258-9344.

Sincerely,



Amy J. Diehl
President

enclosures: form and check

AJD:dlg