

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *L 70856*

1. Corporation Name

AMERICA CLEANING SERVICE, INC.

2. Principal Office Address 129 KELLER DRIVE		3. Mailing Office Address 129 KELLER DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM SPRINGS, FL		City & State PALM SPRINGS, FL	
Zip 33461	Country US	Zip 33461	Country US
REINSTATEMENT <i>03-05</i> 4. Date Incorporated or Qualified To Do Business in Florida 5/01/1990 5. FEI Number 65-0188867 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75* Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent

Name
JOSE ROMAN

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

129 KELLER DRIVE

Suite, Apt. #, Etc.

City
PALM SPRINGS

State
FL

Zip Code
33461

600047508366

03/01/05--01052--012 **458.75

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]*

Date *2/16/05*

CR2E081 (01/04)

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
PRES.	JOSE ROMAN	129 KELLER DRIVE	PALM SPRINGS, FL

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05 561 685-5678
Date *2/16/05* Daytime Phone # *561 685-5678*