Applied For Not Applicable

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.										
REINSTATEMENT				DEPARTMENT OF STATE Secretary of State Ision of corporations			SECRETARY OF STATE DIVISION OF CORPORATION  03 NOV -5 AM 8:00			
DOCUMENT # ND200000 7095  1. Corporation Name									•	<b>0</b> - 00
Clean, Close, Connected, Inc.							REINSTATEMENT			
2. Principal Office Address  1 034 Poinsetta are 1034  Suite, Apt. #, etc.  Suite, Apt. #				Office Address I Pansettia ave I, etc.			10/23/03 011			
City & State City & State Fort Myers, FL - Fort				a Myers, FL			4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number			
33901 USA			<sup>Zip</sup> 3390				CERTIFICATE OF STATUS DESIRED S8 75 Ad			
Name  Andy Purvis  Street Address (P.O. Box Newper is Not Acceptable)  Lu34 FoinSettia ave.  Suite, Apt. #, Etc.  N/a  City  Fort Muser  State  Zip Code  FL 33901										
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 Date //-O2-O3  REGISTERED AGENT MUST SIGN										
9. Names and Street Addresses of Each Officer and/or Director (Flo				orida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director					City	/ State / Zi
P	And Puris			1634 Poinsettia av				P. F1	ort M	lyars
VP	Danr	y Landi	.5 1	11303			e ave		X.	- 1
D	Danr	y Landie	3 11	1303	Sw Ord	(	e ave			1
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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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-02-03 239-334-2126

-please Do Not Pemove -

October 20, 2003

Re: Document #N02000007095

<del>--500024053925--</del> 10/23/03--01076--005 \*\*61.25

-Dear Divisions of Gorporation/Reinstatement Office:=

I am requesting a reinstatement for the corporation Clean, Close, Connected. I have never received any notices regarding annual or uniformed business reports due or this corporation being dissolved or revoked until last week. The letter stated that the corporation was dissolved or revoked. If you could reinstate the corporation it would be greatly appreciated. Thank you for your time and consideration on this matter.

**Andy Purvis** 

President