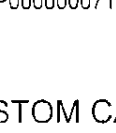
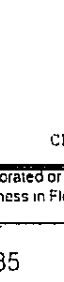


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

15 DEC 31 PM 2: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	15 DEC 31 PM 2: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P00000007179			
1. Corporation Name BEAUTIFUL CUSTOM CARPET CLEANING, INC.			
2. Principal Office Address - No P.O. Box # 2401 SW 10TH STREET		3. Mailing Office Address 2401 SW 10TH STREET	
Suite, Apt. #, etc. APT 103 City & State MIAMI, FL		Suite, Apt. #, etc. APT 103 City & State MIAMI, FL	
Zip 33135	Country USA	Zip 33135	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 01/24/2006		5. FEI Number 65-0977535	
6. CERTIFICATE OF STATUS DESIRED NO		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name ARES & COMPANY C.P.A, P.A. Street Address (P.O. Box Numbers Not Acceptable) 3636 SW 87 AVE Suite, Apt. #, Etc. City MIAMI			
		State FL	Zip Code 33165
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 JANUARY 11, 2016 REGISTERED AGENT MUST SIGN			
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
P	JUAN C. RIVADENEIRA	2401 SW 10TH STREET APT 103	MIAMI, FL 33135
DEC 31 2015 R. HUNT REINSTATEMENT			
10. E-mail Address: ana@arescpa.com (To be used for future annual report notification)			
11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/11/2016 786-489-3252			