PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
15 DEC 31 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P00000007179

1. Corporation Name

BEAUTIFUL CUSTOM CARPET CLEANNING, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2401 SW 10TH STREET	2401 SW 10TH STREET
Suite, Apt. #, etc.: APT 103	Suite, Apt. #, etc.: APT 103
City & State: MIAMI, FL	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 — Applied For / Not Applicable

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 Number is Not Acceptable): 3636 SW 87 AVE
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33165

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01/12/16--01001--003 **750.00

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
	REINSTATEMENT	DEC 31 2015	
		R. HUNT	

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: _____ 1/11/2016 786-189-3252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #