PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400023749464
10/13/03--01059--024 **150.00

DOCUMENT # P00002193 2

1. Corporation Name

A-1 Superior Cleaning System Inc.

2. Principal Office Address	3. Mailing Office Address
11338 SW 184 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33157 Country: DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Armando Hernandez
Street Address (P.O. Box Numbers Not Acceptable): 11338 SW 184th ST.
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33157

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: 10/7/03
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
PD	Armando Hernandez	11338 SW 184th ST	Miami FL 3315

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] Armando Hernandez 10/7/03 305 251 5488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2R 10/14

Brito & Brito Accounting
407 Lincoln Road, Suite 500
Miami Beach, Fl 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534
britogeorge@aol.com/britoandbrito@aol.com.

October 08, 2003

Division of Corporations
Registration Section
409 E. Gatnes St.
Tallassee, Fl. 32399

Ref: A-1 Superior Cleaning System, Inc.
o/c Armando Hernandez
11338 SW 184th Street
Miami FL, 33157

Dear Sir\Madam:

Please notice my client never receive the first Annual Report. Therefore abated, and please take this check of $150.00 dollars and renewed my Business.

Thanking you in advance.

If you have any further questions, please feel free in contacting me at my office, or write to my office.

Sincerely,

George L. Brito
Accounting