

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P0000021932			
1. Corporation Name A-1 Superior Cleaning System Inc.			
2. Principal Office Address 11338 SW 184th		3. Mailing Office Address Selling, 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. PEI Number	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name: Armando Hernandez Street Address (P.O. Box Number is Not Acceptable): 11338 SW 184th ST. Selling, 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)			
Title	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 33157
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)(b), 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 Date: 10/7/03 305 2515488 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Payment			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Brito & Brito Accounting
407 Lincoln Road, Suite 500
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Corporate Accounting and Business Development
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October 08, 2003

*Division of Corporations
Registration Section
409 E. Gaines St.
Tallahassee, Fl. 32399*

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

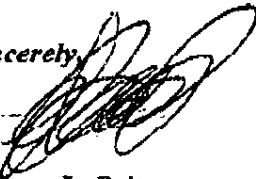
Dear Sir/Madam:

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*