CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
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DOCUMENT # P00000039261

REINSTATEMENT 01-06

CR2E081 (12/05)

1. Corporation Name
R.S.C.M. Pressure Cleaning Solutions Inc.

2. Principal Office Address	3. Mailing Office Address
6100 orchard Tree Ln.	6100 orchard Tree Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac FL.	City & State: Tamarac FL
Zip: 33319 Country: U.S.	Zip: 33319 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 4/18/2000

5. FEI Number: 65-0999450 ☐ 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: Roy Kozlin

Street Address (P.O. Box Number is Not Acceptable): 6100 orchard Tree Lane

Suite, Apt. #, Etc.:

City: Tamarac State: FL Zip Code: 33319

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: Roy Kozlin Date: 1/27/06
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
D	ROY KOZLIN	6100 ORCHARD TREE LANE	TAMARAC FL 33319

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 contained in Chapter 119, 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: Roy Kozlin 1/27/06 9543094716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

R.S.C.M. PRESSURE CLEANING SOLUTIONS, INC.

Certificate of Status	0
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