

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 11 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
P00000040339
CLEAN STAR SERVICE, INC.

2. Principal Office Address
431 GASTON FOSTER RD STE N

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip
32807

Country
ORANGE

3. Mailing Office Address
431 GASTON FOSTER RD STE N

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip
32807

Country
ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida 04/17/2000

5. FEI Number
59-3638605

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

10/20/04 01018 019 150.00

7. Name and Address of Current Registered Agent

Name
WILLIAM PALACIOS

Street Address (P.O. Box Number is Not Acceptable)
431 GASTON FOSTER RD STE N

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32807

200058475932

03/11/05--01026--003 **1050.00

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 05/26/2005

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	WILLIAM PALACIOS	431 GASTON FOSTER RD STE N	ORLANDO, FL 32807
VP	LINA MARIA VIVERO	431 GASTON FOSTER RD STE N	ORLANDO, FL 32807

REINSTATEMENT 02-08

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/26/2005

Date

Daytime Phone #

CR2E081 (01/05)