

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000043907

1. Corporation Name

LA CLEANING SERVICE INC.

2. Principal Office Address

22726 SW 10TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33433

Country

USA

Zip

Country

REINSTATEMENT 103-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/02/2000

5. FEI Number

65-1009334

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GUSTAVO A. LAVANDIER

Street Address (P.O. Box Number is Not Acceptable)

22726 SW 10TH STREET

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

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

Gustavo A. Lavandier

Date 10/08/05

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
DPTS	GUSTAVO A. LAVANDIER	22726 SW 10TH STREET	BOCA RATON, FL 33433

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:

Gustavo A. Lavandier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/08/05

Daytime Phone #

2082

Accounting Management Advisors, Inc.

Established Since 1968

Congress Square, Ste J

4175 South Congress Ave

Lake Worth, FL 33461

Tel (561) 357-8885 Fax (561) 432-1639

Trusts
Wills
Estates

October 6, 2005

Income Taxes
Accounting
Business Consulting

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: LA Cleaning Service, Inc.
Document #P00000043907

Dear Sir or Madame:

We are writing to you today regarding the above named corporation and the enclosed Corporate Reinstatement Form.

Upon reviewing the taxpayer's file I noticed that the entity was dissolved and I approached the taxpayer about it. The taxpayer stated that he had no knowledge of the corporation being dissolved and the he had not received any notice in the mail to renew each year.

We are asking that you please forego charging the required penalty to the taxpayer and accept the enclosed \$608.75 (\$150 for each of the 4 years the entity has been dissolved plus \$8.75 for the Certificate of Status) to reinstate the corporation as the annual notices were not received by the taxpayer.

Thanking you beforehand for your kind heart and prompt attention to this matter. If you should have any questions, please feel free to contact me.

Sincerely,

Elisa Armetta CPA

Elisa A. Armetta, CPA

Enclosure