PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 APR -2 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000048843

1. Corporation Name
OMEGA CLEANING SERVICES, INC

200121924212
04/02/08--01020--010 **600.00
4/7/08 01016 014 300.00
REINSTATEMENT (CR2E081(12/07)) 03-08
WOP

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
7320 E. FLETCHER AVE	7320 E. FLETCHER AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State: TAMPA FLORIDA
Zip: 33637 Country: HILSBOROUGH	Zip: 33637 Country: HILSBOROUGH

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 651009899 ☒ 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: AL GUEDIRA

Street Address (P.O. Box Number is Not Acceptable): 7320 E FLETCHER AVE

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33637

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Al Guedira Date: 3/24/08
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
CFO	CECILIA R MELETIA	87-020 KULAAUPUNI ST	WAIANAE, HI 96792

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: Cecilia R. Meletia CECILIA MELETIA 3-18-08 813-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/7 ao 08