


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <i>P00000073748</i>			
<b>1. Corporation Name</b> <i>On Site Cleaning</i>			
<b>2. Principal Office Address</b> <i>125 First St SE.</i>		<b>3. Mailing Office Address</b> <i>125 First St SE.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <i>Fort Walton Beach</i>		<b>City &amp; State</b> <i>Fort Walton Beach</i>	
<b>Zip</b> <i>32548</i>	<b>Country</b> <i>USA</i>	<b>Zip</b> <i>32548</i>	<b>Country</b> <i>USA</i>

**FILED**  
05 AUG 26 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <i>08/02/2000</i>	
<b>5. FEI Number</b> <i>59-366-7229</i>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> <i>Grimley, James. V</i>	<i>Mark Finnerty</i>
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <i>25 Walter Martin Road NE</i>	
<b>Suite, Apt. #, Etc.</b> <i>210 Bayou Woods Dr</i>	
<b>City</b> <i>Fort Walton Beach</i>	<b>State</b> <i>FL</i> <b>Zip Code</b> <i>32548</i>

**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** *08/25/05*

**REGISTERED AGENT MUST SIGN**

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<i>D</i>	<i>Mark Finnerty</i>	<i>210 Bayou Woods Dr</i>	<i>Fort Walton Beach FL 32548</i>

**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]* **Date** *08/25/05* **Daytime Phone #** *850 259 1288*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E081 (01/05)